FORM
26
Rev 6/99

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State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

FOR OGCC USE ONLY

SOURCE OF PRODUCED WATER FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

Complete the Attachment Checklist

Chemical Analysis of fluid	Oper	OGCC

If more space is required, attach additional sheet.

OGCC Operator Number: 10163
Name of Operator: Nonsuch Natural Gas, Inc.
Address: Post Office Box 110066
City: Naples State: FL Zip: 34108

Contact Name and Telephone:
David Lee
No: 239-289-9046
Fax: 239-594-1422

OGCC Disposal Facility Number: _____
Operator's Disposal Facility Name: _____ Operator's Disposal Facility Number: _____
Location (QtrQtr, Sec, Twp, Rng, Meridian): _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____

Add Source: ☑ OGCC Lease No: _____ API No: 05-045-0812000 Well Name & No: CSOC697-12-1
Operator Name: Nonsuch Natural Gas, Inc. Operator No: 10163
Delete Source: ☐ Location: QtrQtr: SWSW Section: 14 Township: 6S Range: 97W Producing Formation: Williams Fork of Mesa Verde
Analysis Attached? ☑ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☑ Truck TDS: _____

Add Source: ☑ OGCC Lease No: _____ API No: 05-045-0794800 Well Name & No: CSOC697-14-1
Operator Name: Nonsuch Natural Gas, Inc. Operator No: 10163
Delete Source: ☐ Location: QtrQtr: SWSW Section: 14 Township: 6S Range: 97W Producing Formation: Williams Fork of Mesa Verde
Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: ☑ OGCC Lease No: _____ API No: 05-045-0797100 Well Name & No: Puckett 797-1-1
Operator Name: Nonsuch Natural Gas, Inc. Operator No: 10163
Delete Source: ☐ Location: QtrQtr: SWNE Section: 1 Township: 7S Range: 97W Producing Formation: Williams Fork of Mesa Verde
Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: ☐ OGCC Lease No: _____ API No: _____ Well Name & No: _____
Operator Name: _____ Operator No: _____
Delete Source: ☐ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: ☐ OGCC Lease No: _____ API No: _____ Well Name & No: _____
Operator Name: _____ Operator No: _____
Delete Source: ☐ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

Add Source: ☐ OGCC Lease No: _____ API No: _____ Well Name & No: _____
Operator Name: _____ Operator No: _____
Delete Source: ☐ Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
Analysis Attached? ☐ Yes ☐ No Transported to disposal site via: ☐ Pipeline ☐ Truck TDS: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Print Name: David Lee Signed: _____
Title: President Date: November 20, 2009

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: