

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

Oper OGCC

OGCC Operator Number: <u>10245</u>	Contact Name and Telephone:
Name of Operator: <u>SingleTree Resources, Inc.</u>	<u>Tony Markve</u>
Address: <u>521 Progress Circle, Suite 1</u>	No: <u>307-316-0010</u>
City: <u>Cheyenne</u> State: <u>WY</u> Zip: <u>82007</u>	Fax: <u>307-222-0281</u>

Chemical Analysis of fluid	Oper	OGCC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OGCC Disposal Facility Number: _____
Operator's Disposal Facility Name: <u>Haley Smith</u> Operator's Disposal Facility Number: <u>11-19</u>
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NENE, 24, 11N, 54W, 6th</u>
Address: _____
City: _____ State: <u>CO</u> Zip: _____ County: <u>Logan</u>

If more space is required,
attach additional sheet.

Add Source: OGCC Lease No: _____ API No: 05-075-09390 Well Name & No: Haley Smith 11-19



Operator Name: SingleTree Resources, Inc. Operator No: 10245

Delete Source: Location: QtrQtr: NENE Section: 24 Township: 11N Range: 54W Producing Formation: D-Sand DSND



Analysis Attached? ☒ Yes ☐ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 10598

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: _____

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: Tony Markve Signed: _____

Title: engineer Date: 1-7-2013

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY: