

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

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

OGCC Disposal Facility Number: _____

Operator's Disposal Facility Name: Haley Smith Operator's Disposal Facility Number: 11-19

Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE, 24, 11N, 54W, 6th

Address: _____

City: _____ State: CO Zip: _____ County: Logan

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: