



01772793

FORM

26

Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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



RECEIVED

FOR OGCC USE ONLY

OCT 0 2014

COGCC

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>10373</u>	Contact Name and Telephone:
Name of Operator: <u>NGL Water Solutions DJ, LLC</u>	<u>Paul Gottlob</u>
Address: <u>3773 Cherry Creek North Drive, Suite 1000</u>	No: <u>720-420-5747</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80209</u>	Fax: _____

OGCC Disposal Facility Number: <u>159042</u>	Operator's Disposal Facility Name: <u>BWD</u>	Operator's Disposal Facility Number: <u>C3A</u>
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>N4NW, Sec. 32-T4N-R65W, 6th PM</u>		
Address: _____		
City: _____	State: _____	Zip: _____ County: _____

Chemical Analysis of fluid	Oper OGCC
Source / 1st	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

If more space is required,
attach additional sheet.

Add Source:	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
Delete Source:	Location: QtrQtr: _____	Section: _____	Township: _____ Range: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: _____

Add Source:	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
Delete Source:	Location: QtrQtr: _____	Section: _____	Township: _____ Range: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: _____

Add Source:	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
Delete Source:	Location: QtrQtr: _____	Section: _____	Township: _____ Range: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: _____

Add Source:	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
Delete Source:	Location: QtrQtr: _____	Section: _____	Township: _____ Range: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: _____

Add Source:	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
Delete Source:	Location: QtrQtr: _____	Section: _____	Township: _____ Range: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: _____

Add Source:	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
Delete Source:	Location: QtrQtr: _____	Section: _____	Township: _____ Range: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> 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: Paul GottlobSigned: Paul GottlobTitle: Regulatory & Engineering TechnicianDate: 10/6/2014

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

API	Well Name	Operator	Operator Number	QtrQtr	SECTION	TOWNSHIP	RANGE	Meridian	Producing Formation	Transported to site via pipeline, truck, or both	Analysis Y/N	TDS
05-123-08422	ANDERSON MEL GU #1	KERR MCGEE OIL & GAS ONSHORE LP	47120	SWSW	33	2N	66W	6th P.M.	CODL, JNBCD, JSND, NB-CD, NBRR	Truck	N	
05-123-23035	ART 14-26	KERR MCGEE OIL & GAS ONSHORE LP	47120	SESW	26	3N	66W	6th P.M.	CODL, J-CDL, JSND	Truck	N	
05-123-22005	BALDWIN 12-11	KERR MCGEE OIL & GAS ONSHORE LP	47120	NWSW	11	2N	65W	6th P.M.	CODL, NB-CD, NBRR, SUSX	Truck	N	
05-123-21295	BARCLAY 13-2	KERR MCGEE OIL & GAS ONSHORE LP	47120	CSW	2	3N	66W	6th P.M.	CODL, NB-CD, NBRR	Truck	N	

