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FORM

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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

FEB 12 2015

COGCC

Complete the
Attachment Checklist

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.

OGCC Operator Number: <u>10447</u>	Contact Name and Telephone:
Name of Operator: <u>Ursa Operating Company LLC</u>	<u>Jennifer Lind</u>
Address: <u>1050 17th Street, Suite 2400</u>	No: <u>720-508-8362</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80265</u>	Fax: (email) <u>j1ind@ursaresources.com</u>

OGCC Disposal Facility Number: TBD

Operator's Disposal Facility Name: Watson Ranch B Operator's Disposal Facility Number: 24AWI

Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW-Sec.17-T7S-R95W

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Chemical Analysis of fluid	Oper	OGCC

If more space is required,
attach additional sheet.

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____

☐ Operator Name: Please see attached sheet 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: _____

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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: Jennifer Lind

Signed: _____

Title: Regulatory Analyst

Date: 2/9/15

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Add Source / Delete Source	Well Name & No	API	Operator Name	Operator Number	QtrQtr	Section	Township	Range	Prod Fm	TDS	Chemical Analysis of Fluid Attached?
Add	BAT 13A-17-07-95	05045190930000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 13B-17-07-95	05045191080000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 13C-17-07-95	05045190700000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 13D-17-07-95	05045190980000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 14A-17-07-95	05045190740000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 14B-17-07-95	05045191090000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 14C-17-07-95	05045191060000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 14D-17-07-95	05045190670000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 23B-17-07-95	05045190950000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 24B-17-07-95	05045187150000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 24D-17-07-95	05045190820000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 34B-17-07-95	05045191010000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 34D-17-07-95	05045190660000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No
Add	BAT 44A-18-07-95	05045190890000	URSA OPER CO LLC	10447	SESW	17	7S	95W	604WMFK	TBD	No