

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**

OGCC Operator Number: _____	Contact Name and Telephone: _____
Name of Operator: _____	_____
Address: _____	No: _____
City: _____ State: _____ Zip: _____	Fax: _____

	Oper	OGCC
Chemical Analysis of fluid		

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: \_\_\_\_\_

If more space is required, attach additional sheet.

**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: \_\_\_\_\_

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Operator Name: \_\_\_\_\_ Operator No: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_ Signed: Kaylynn Steenhoek

Title: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**