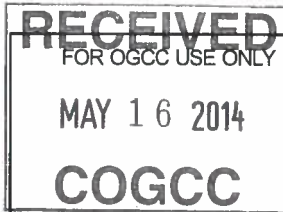




FORM  
**26**  
Rev 6/99

# State of Colorado Oil and Gas Conservation Commission

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



## 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: <u>22755</u>	Contact Name and Telephone:
Name of Operator: <u>EDWARD MIKE DAVIS LLC</u>	<u>DEREK PETRIE</u>
Address: <u>730 17TH STREET, SUITE 450</u>	No: <u>720-420-5700</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>720-420-5800</u>

Chemical Analysis of fluid	Oper	OGCC

OGCC Disposal Facility Number: 159464

Operator's Disposal Facility Name: CHRISTIANSON SWD Operator's Disposal Facility Number: \_\_\_\_\_

Location (QtrQtr, Sec, Twp, Rng, Meridian): SWS SECTION 1 T3S-R50W

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If more space is required,  
attach additional sheet.

**Add Source:** OGCC Lease No: \_\_\_\_\_ API No: 05-121-10654 Well Name & No: CHRISTIANSON 21-12  
☒ Operator Name: EDWARD MIKE DAVIS LLC Operator No: 22755

**Delete Source:** Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Producing Formation: JSND Entered  
☐ Analysis Attached? ☐ Yes ☒ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 500

**Add Source:** OGCC Lease No: \_\_\_\_\_ API No: 05-121-10674 Well Name & No: CHRISTIANSON 31A-12  
☒ Operator Name: EDWARD MIKE DAVIS LLC Operator No: 22755

**Delete Source:** Location: QtrQtr: NWNE Section: 12 Township: 3S Range: 50W Producing Formation: JSND  
☐ Analysis Attached? ☐ Yes ☒ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 500

**Add Source:** OGCC Lease No: \_\_\_\_\_ API No: 05-121-10678 Well Name & No: J YOUNG 32A-12  
☒ Operator Name: EDWARD MIKE DAVIS LLC Operator No: 22755

**Delete Source:** Location: QtrQtr: SWNE Section: 12 Township: 3S Range: 50W Producing Formation: JSND  
☐ Analysis Attached? ☐ Yes ☒ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 500

**Add Source:** OGCC Lease No: \_\_\_\_\_ API No: 05-121-10680 Well Name & No: CHRISTIANSON 21A-12  
☒ Operator Name: EDWARD MIKE DAVIS LLC Operator No: 22755

**Delete Source:** Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Producing Formation: JSND  
☐ Analysis Attached? ☐ Yes ☒ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 500

**Add Source:** OGCC Lease No: \_\_\_\_\_ API No: 05-121-10681 Well Name & No: CHRISTIANSON 21B-12  
☒ Operator Name: EDWARD MIKE DAVIS LLC Operator No: 22755

**Delete Source:** Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Producing Formation: JSND  
☐ Analysis Attached? ☐ Yes ☒ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 500

**Add Source:** OGCC Lease No: \_\_\_\_\_ API No: 05-121-10684 Well Name & No: CHRISTIANSON 21D 21D-12  
☒ Operator Name: EDWARD MIKE DAVIS LLC Operator No: 22755

**Delete Source:** Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Producing Formation: JSND  
☐ Analysis Attached? ☐ Yes ☒ No Transported to disposal site via: ☒ Pipeline ☐ Truck TDS: 500

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Clayton Duke

Signed: [Signature]

Title: Senior Petroleum Engineer

Date: 5/16/14

OGCC Approved: [Signature]

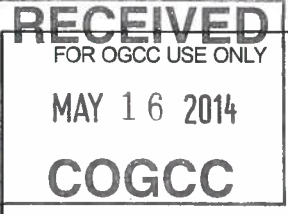
Title: OGC-Lead

Date: 5/16/2014

CONDITIONS OF APPROVAL, IF ANY:

# State of Colorado Oil and Gas Conservation Commission

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



## 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: <u>22755</u>	Contact Name and Telephone: <u>DEREK PETRIE</u>
Name of Operator: <u>EDWARD MIKE DAVIS LLC</u>	No: <u>720-420-5700</u>
Address: <u>730 17TH STREET, SUITE 450</u>	Fax: <u>720-420-5800</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

OGCC Disposal Facility Number: 159469

Operator's Disposal Facility Name: CHRISTIANSON SWD Operator's Disposal Facility Number: \_\_\_\_\_

Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW 1-35-50W

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Chemical Analysis of fluid	Oper	OGCC

If more space is required,  
attach additional sheet.

<b>Add Source:</b>	OGCC Lease No: _____	API No: <u>05-121-10688</u>	Well Name & No: <u>Christianson 21C-12</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EDWARD MIKE DAVIS LLC</u>	Operator No: <u>22755</u>	<u>22755</u>
<b>Delete Source:</b>	Location: QtrQtr: <u>NEW</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Producing Formation: <u>JSND</u>		
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transported to disposal site via: <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: <u>500</u>

<b>Add Source:</b>	OGCC Lease No: _____	API No: <u>05-121-10687</u>	Well Name & No: <u>CHRISTIANSON 22-12</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EDWARD MIKE DAVIS LLC</u>	Operator No: <u>22755</u>	
<b>Delete Source:</b>	Location: QtrQtr: <u>SEW</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Producing Formation: <u>JSND</u>		
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transported to disposal site via: <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: <u>500</u>

<b>Add Source:</b>	OGCC Lease No: _____	API No: <u>05-121-10634</u>	Well Name & No: <u>Christianson 32-12</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EDWARD MIKE DAVIS LLC</u>	Operator No: <u>22755</u>	
<b>Delete Source:</b>	Location: QtrQtr: <u>SWNE</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Producing Formation: <u>JSND</u>		
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transported to disposal site via: <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck	TDS: <u>500</u>

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

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

<b>Add Source:</b>	OGCC Lease No: _____	API No: _____	Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____	Operator No: _____	
<b>Delete Source:</b>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____		
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transported to disposal site via: <input checked="" 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: Clayton Duke

Signed: \_\_\_\_\_

Title: Senior Petroleum EngineerDate: 5-15-14OGCC Approved: Robert Steller Title: OGCC Lead Date: 5/16/2014

CONDITIONS OF APPROVAL, IF ANY: