

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400871356

Date Received:

SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c.(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

OPERATOR INFORMATION

OGCC Operator Number: 96155	Contact Name and Telephone:
Name of Operator: WHITING OIL & GAS CORPORATION	Name: Pauleen Tobin
Address: 1700 BROADWAY STE 2300	Phone: (303) 837-1661 Fax: ()
City: DENVER State: CO Zip: 80290	Email: pollyt@whiting.com

DISPOSAL FACILITY INFORMATION

OGCC Disposal Facility Number: 159319
Operator's Disposal Facility Name: FEDERAL 397-3-1 SWD Operator's Disposal Facility Number:
Location (QtrQtr, Sec, Twp, Rng, Meridian): QtrQtr: SENW Sec: 3 Twp: 3S Range: 97W Meridian: 6
County RIO BLANCO

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11178-00	Well Name & No: FEDERAL 397-3K-K3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Remove Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6	
	Producing Formation: COZZ 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 <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11178-00	Well Name & No: FEDERAL 397-3K-K3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Remove Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6	
	Producing Formation: CRCRN 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 <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11178-00	Well Name & No: FEDERAL 397-3K-K3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Remove Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6	
	Producing Formation: WFCM 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 <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11179-00	Well Name & No: FEDERAL 397-3K-L3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Remove Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6	
	Producing Formation: COZZ 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 <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: <u>05-103-11179-00</u>	Well Name & No: <u>FEDERAL 397-3K-L3</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Remove Source	Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>CRCRN</u> 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 <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: <u>05-103-11179-00</u>	Well Name & No: <u>FEDERAL 397-3K-L3</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Remove Source	Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WFCM</u> 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 <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: <u>05-103-11211-00</u>	Well Name & No: <u>FEDERAL 397-3G-G1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Remove Source	Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>COZZ</u> 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 <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: <u>05-103-11211-00</u>	Well Name & No: <u>FEDERAL 397-3G-G1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Remove Source	Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>CRCRN</u> 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 <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source	API Number: <u>05-103-11211-00</u>	Well Name & No: <u>FEDERAL 397-3G-G1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
Remove Source	Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WFCM</u> 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 <input type="checkbox"/> Both TDS: _____ mg/L	

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

Print Name: Pauleen Tobin Signed: _____

Title: Engineer Tech Date: _____

COGCC Approved: _____ Date: 7/21/2015 9:25:09 AM

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)