

**State of Colorado
Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

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

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: <u>05-103-11178-00</u>	Well Name & No: <u>FEDERAL 397-3K-K3</u>
Remove Source <input type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
	Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	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 <input checked="" type="checkbox"/>	API Number: <u>05-103-11178-00</u>	Well Name & No: <u>FEDERAL 397-3K-K3</u>
Remove Source <input type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
	Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	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 <input checked="" type="checkbox"/>	API Number: <u>05-103-11178-00</u>	Well Name & No: <u>FEDERAL 397-3K-K3</u>
Remove Source <input type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
	Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	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 <input checked="" type="checkbox"/>	API Number: <u>05-103-11179-00</u>	Well Name & No: <u>FEDERAL 397-3K-L3</u>
Remove Source <input type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>
	Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	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>05-103-11179-00</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)