

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

400940703

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: 10295

Name of Operator: LONE STAR LLC

Address: PO BOX 1715

City: GAINESVILLE State: TX Zip: 76241

Contact Name and Telephone:

Name: HALIE BUTLER

Phone: (281) 4673153 Fax: (405) 9452899

Email: HBUTLER@SELECENERGYSERVICES.COM

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159372

Operator's Disposal Facility Name: LSWD #1

Operator's Disposal Facility Number:

Location: QtrQtr: NENW Sec: 18 Twp: 3N Range: 64W Meridian: 6

County: WELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-069-06436-00	Well Name & No: RAWHIDE FLATS 10-68-16 1H
	Operator Name: DJ RESOURCES INC	Operator No: 10213
Delete Source <input type="checkbox"/>	Location: QtrQtr: NENE Section: 16 Township: 10N Range: 68W Meridian: 6	
	Producing Formation: NBRR	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-123-10515-00	Well Name & No: LEHAN 8-1
	Operator Name: NOBLE ENERGY INC	Operator No: 100322
Delete Source <input type="checkbox"/>	Location: QtrQtr: NENE Section: 8 Township: 4N Range: 65W Meridian: 6	
	Producing Formation: CODL	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-123-19565-00	Well Name & No: SHELEY 14-4
	Operator Name: ENCANA OIL & GAS (USA) INC	Operator No: 100185
Delete Source <input type="checkbox"/>	Location: QtrQtr: SWSW Section: 4 Township: 2N Range: 67W Meridian: 6	
	Producing Formation: JNBCD	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-123-37430-00	Well Name & No: Maier 4D-28H
	Operator Name: ENCANA OIL & GAS (USA) INC	Operator No: 100185
Delete Source <input type="checkbox"/>	Location: QtrQtr: SESE Section: 28 Township: 2N Range: 66W Meridian: 6	
	Producing Formation: CODL	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" 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: HALIE BUTLER Signed: _____

Title: ENV COORDINATOR Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

400940705	Source of Produced Water Import
-----------	---------------------------------

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)