

State of Colorado Oil and Gas Conservation Commission

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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 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 Location: QtrQtr: NENE Section: 16 Township: 10N Range: 68W Meridian: 6
Producing Formation: NBRR Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source API Number: 05-123-10515-00 Well Name & No: LEHAN 8-1
Operator Name: NOBLE ENERGY INC Operator No: 100322
Delete Source Location: QtrQtr: NENE Section: 8 Township: 4N Range: 65W Meridian: 6
Producing Formation: CODL Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source API Number: 05-123-19565-00 Well Name & No: SHELEY 14-4
Operator Name: ENCANA OIL & GAS (USA) INC Operator No: 100185
Delete Source Location: QtrQtr: SWSW Section: 4 Township: 2N Range: 67W Meridian: 6
Producing Formation: JNBCD Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source API Number: 05-123-37430-00 Well Name & No: Maier 4D-28H
Operator Name: ENCANA OIL & GAS (USA) INC Operator No: 100185
Delete Source Location: QtrQtr: SESE Section: 28 Township: 2N Range: 66W Meridian: 6
Producing Formation: CODL Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck 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:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400940705	Source of Produced Water Import

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)