

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:
400975767

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>10295</u>	Contact Name and Telephone:
Name of Operator: <u>LONE STAR LLC</u>	Name: <u>Barb Ries</u>
Address: <u>PO BOX 1715</u>	Phone: <u>(720) 442-3585</u> Fax: <u>()</u>
City: <u>GAINESVILLE</u> State: <u>TX</u> Zip: <u>76241</u>	Email: <u>bries@selectenergyservices.com</u>

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: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-123-07611-00</u> Well Name & No: <u>ELMER KAUFMAN 2</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>FOUNDATION ENERGY MANAGEMENT L</u> Operator No: <u>10112</u>
	Location: QtrQtr: <u>SWSE</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>63W</u> Meridian: <u>6</u>
	Producing Formation: <u>DSND</u> 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: <u>05-123-10988-00</u> Well Name & No: <u>HOFF 31-10</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>NOBLE ENERGY INC</u> Operator No: <u>100322</u>
	Location: QtrQtr: <u>NWNE</u> Section: <u>10</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>
	Producing Formation: <u>CODL</u> 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: Barb Ries Signed: _____

Title: manager 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>
400975771	Source of Produced Water Import

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)