

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: 10295

Name of Operator: LONE STAR LLC

Address: PO BOX 1715

City: GAINESVILLE State: TX Zip: 76241

Contact Name and Telephone:

Name: Barb Ries

Phone: (720) 442-3585 Fax: ()

Email: bries@selectenergyservices.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: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

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

Signed:

Title: manager

Date:

COGCC Approved:

Date:

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

400975771	Source of Produced Water Import
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)