

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:
401010169

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>97810</u>	Contact Name and Telephone:
Name of Operator: <u>YATES PETROLEUM CORPORATION</u>	Name: <u>Stephanie Allman</u>
Address: <u>105 SOUTH 4TH ST</u>	Phone: <u>(307) 382-4005</u> Fax: <u>(307) 382-5923</u>
City: <u>ARTESIA</u> State: <u>NM</u> Zip: <u>88210</u>	Email: <u>stephaniea@yatespetroleum.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159131

Operator's Disposal Facility Name: KALINE UNIT #5 Operator's Disposal Facility Number: _____

Location: QtrQtr: NENW Sec: 23 Twp: 12N Range: 94W Meridian: 6

County: MOFFAT

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>49-007-22303-00</u>	Well Name & No: <u>LOOKOUT FEDERAL #13-4</u>
<input checked="" type="checkbox"/>	Operator Name: <u>YATES PETROLEUM CORPORATION</u>	Operator No: _____
Delete Source	Location: QtrQtr: <u>NWSW</u> Section: <u>4</u> Township: <u>14N</u> Range: <u>93W</u> Meridian: <input type="checkbox"/>	
<input type="checkbox"/>	Producing Formation: <u>UNK</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: <u>13860</u> mg/L
Add Source	API Number: <u>49-007-22833-00</u>	Well Name & No: <u>PARITY FEDERAL #42-29</u>
<input checked="" type="checkbox"/>	Operator Name: <u>YATES PETROLEUM CORPORATION</u>	Operator No: _____
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>29</u> Township: <u>15N</u> Range: <u>93W</u> Meridian: <input type="checkbox"/>	
<input type="checkbox"/>	Producing Formation: <u>UNK</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: <u>7965</u> 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: Stephanie Allman Signed: _____

Title: Production Technician Date: _____

OGCC 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>
401010207	Source of Produced Water Import
401010211	WATER ANALYSIS
401010212	WATER ANALYSIS

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)