

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:

401022473

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: 96155

Name of Operator: WHITING OIL & GAS CORPORATION

Address: 1700 BROADWAY STE 2300

City: DENVER

State: CO

Zip: 80290

Contact Name and Telephone:

Name: CARA MEZYDLO

Phone: (303) 876-7091

Fax: (720) 644-3658

Email: cara.mezydlo@whiting.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159220

Operator's Disposal Facility Name: B-19N SWD 1

Operator's Disposal Facility Number:

Location: QtrQtr: SESW

Sec: 19

Twp: 2S

Range: 97W

Meridian: 6

County: RIO BLANCO

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 9

Deleted: 0

Added: 9

SOURCE OF PRODUCED WATER

| | | |
|-------------------------------------|--|-----------------------------------|
| Add Source | API Number: 05-103-11178-00 | Well Name & No: FEDERAL 397-3K-K3 |
| <input checked="" type="checkbox"/> | Operator Name: WHITING OIL & GAS CORPORATION | Operator No: 96155 |
| Delete Source | Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6 | |
| <input type="checkbox"/> | Producing Formation: COZZ 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: 05-103-11178-00 | Well Name & No: FEDERAL 397-3K-K3 |
| <input checked="" type="checkbox"/> | Operator Name: WHITING OIL & GAS CORPORATION | Operator No: 96155 |
| Delete Source | Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6 | |
| <input type="checkbox"/> | Producing Formation: CRCRN 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: 05-103-11178-00 | Well Name & No: FEDERAL 397-3K-K3 |
| <input checked="" type="checkbox"/> | Operator Name: WHITING OIL & GAS CORPORATION | Operator No: 96155 |
| Delete Source | Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6 | |
| <input type="checkbox"/> | Producing Formation: WFCM 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: 05-103-11179-00 | Well Name & No: FEDERAL 397-3K-L3 |
| <input checked="" type="checkbox"/> | Operator Name: WHITING OIL & GAS CORPORATION | Operator No: 96155 |
| Delete Source | Location: QtrQtr: NESW Section: 3 Township: 3S Range: 97W Meridian: 6 | |
| <input type="checkbox"/> | Producing Formation: COZZ 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 | |

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|---|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-103-11179-00</u> | Well Name & No: <u>FEDERAL 397-3K-L3</u> |
| | Operator Name: <u>WHITING OIL & GAS CORPORATION</u> | Operator No: <u>96155</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>CRCRN</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 | |

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|---|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-103-11179-00</u> | Well Name & No: <u>FEDERAL 397-3K-L3</u> |
| | Operator Name: <u>WHITING OIL & GAS CORPORATION</u> | Operator No: <u>96155</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>NESW</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>WFCM</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 | |

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|---|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-103-11211-00</u> | Well Name & No: <u>FEDERAL 397-3G-G1</u> |
| | Operator Name: <u>WHITING OIL & GAS CORPORATION</u> | Operator No: <u>96155</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>COZZ</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 | |

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|---|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-103-11211-00</u> | Well Name & No: <u>FEDERAL 397-3G-G1</u> |
| | Operator Name: <u>WHITING OIL & GAS CORPORATION</u> | Operator No: <u>96155</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>CRCRN</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 | |

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|---|--|--|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-103-11211-00</u> | Well Name & No: <u>FEDERAL 397-3G-G1</u> |
| | Operator Name: <u>WHITING OIL & GAS CORPORATION</u> | Operator No: <u>96155</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u> | |
| | Producing Formation: <u>WFCM</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: CARA MEZYDLO Signed: _____

Title: ENGINEERING TECH 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> |
|--------------------|-------------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)