

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

400999874

Date Received:

03/03/2016

## 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: 10539

Name of Operator: SWEVCO - SABW LLC

Address: 2154 WEST EISENHOWER BLVD

City: LOVELAND State: CO Zip: 80537-

Contact Name and Telephone:

Name: Tyson Foutz

Phone: (505) 3206275 Fax: ( )

Email: tyson@foutzconsulting.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159186

Operator's Disposal Facility Name: FEDERAL #4 SWD

Operator's Disposal Facility Number:

Location: QtrQtr: SESW Sec: 31 Twp: 8S Range: 103W Meridian: 6

County: MESA

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

Add Source	API Number: 43-019-15023-00	Well Name & No: BAR X UNIT 4
<input checked="" type="checkbox"/>	Operator Name: SWEVCO - SABW LLC	Operator No:
Delete Source	Location: QtrQtr: NENE Section: 18 Township: 17S Range: 26E Meridian: S	
<input type="checkbox"/>	Producing Formation: UNK 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: 1080 mg/L	
Add Source	API Number: 43-019-30592-00	Well Name & No: BAR X UNIT 11
<input checked="" type="checkbox"/>	Operator Name: SWEVCO - SABW LLC	Operator No:
Delete Source	Location: QtrQtr: NWNW Section: 18 Township: 17S Range: 26E Meridian: S	
<input type="checkbox"/>	Producing Formation: UNK 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: 73100 mg/L	
Add Source	API Number: 43-019-31371-00	Well Name & No: BAR X UNIT 25
<input checked="" type="checkbox"/>	Operator Name: SWEVCO - SABW LLC	Operator No:
Delete Source	Location: QtrQtr: NWSE Section: 12 Township: 17S Range: 25E Meridian: S	
<input type="checkbox"/>	Producing Formation: UNK 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: 32000 mg/L	
Add Source	API Number: 05-077-10161-00	Well Name & No: Thomas 5
<input checked="" type="checkbox"/>	Operator Name: SWEVCO - SABW LLC	Operator No: 10539
Delete Source	Location: QtrQtr: 20 Section: 4 Township: 9S Range: 104W Meridian: 6	
<input type="checkbox"/>	Producing Formation: MRSN 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: 92600 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: Tyson Foutz Signed: \_\_\_\_\_

Title: Consultant Date: 03/03/2016

COGCC Approved:  Date: 04/18/2016

**CONDITIONS OF APPROVAL, IF ANY:**

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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400999874	FORM 26 SUBMITTED
400999887	WATER ANALYSIS
400999888	WATER ANALYSIS
400999890	WATER ANALYSIS
400999892	WATER ANALYSIS
401003193	Source of Produced Water Import

Total Attach: 6 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
UIC	Stephen Garcia BLM-CRVF 970.876.9031 office asked about the 4 wells listed. COGCC will accept Class II waste from other states as long as API and Well Name are supplied. 3 of 4 wells here are from Utah.	3/10/2016 11:57:25 AM

Total: 1 comment(s)