

# State of Colorado Oil and Gas Conservation Commission

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Document Number:

401087304

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: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Reed Haddock

Phone: (720) 880-6369 Fax: (303) 565-4606

Email: rhaddock@caerusoilandgas.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159335

Operator's Disposal Facility Name: PUCKETT 22B-24D

Operator's Disposal Facility Number:

Location: QtrQtr: SWNW Sec: 24 Twp: 6S Range: 97W Meridian: 6

County: GARFIELD

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-045-19203-00	Well Name & No: 697-26A 21	
	Operator Name: MARATHON OIL COMPANY	Operator No: 53650	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6	Producing Formation: WFCM	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both		TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-19225-00	Well Name & No: 697-26A 14	
	Operator Name: MARATHON OIL COMPANY	Operator No: 53650	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6	Producing Formation: WFCM	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both		TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-19227-00	Well Name & No: 697-26A 23	
	Operator Name: MARATHON OIL COMPANY	Operator No: 53650	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6	Producing Formation: WFCM	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both		TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-19229-00	Well Name & No: 697-26A 12	
	Operator Name: MARATHON OIL COMPANY	Operator No: 53650	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6	Producing Formation: WFCM	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" 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: Reed Haddock Signed: \_\_\_\_\_

Title: Sr. Regulatory Specialist 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)