

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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400871356

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07/21/2015

## 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 &amp; GAS CORPORATION

Address: 1700 BROADWAY STE 2300

City: DENVER

State: CO

Zip: 80290

Contact Name and Telephone:

Name: Pauleen Tobin

Phone: (303) 837-1661

Fax: ( )

Email: pollyt@whiting.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159319

Operator's Disposal Facility Name: FEDERAL 397-3-1 SWD

Operator's Disposal Facility Number:

Location: QtrQtr: SENW

Sec: 3

Twp: 3S

Range: 97W

Meridian: 6

County: RIO BLANCO

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 9

Deleted: 0

Added: 9

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11178-00	Well Name & No: FEDERAL 397-3K-K3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW	Section: 3 Township: 3S Range: 97W Meridian: 6
	Producing Formation: COZZ	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11178-00	Well Name & No: FEDERAL 397-3K-K3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW	Section: 3 Township: 3S Range: 97W Meridian: 6
	Producing Formation: CRCRN	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11178-00	Well Name & No: FEDERAL 397-3K-K3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW	Section: 3 Township: 3S Range: 97W Meridian: 6
	Producing Formation: WFCM	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-103-11179-00	Well Name & No: FEDERAL 397-3K-L3
	Operator Name: WHITING OIL & GAS CORPORATION	Operator No: 96155
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW	Section: 3 Township: 3S Range: 97W Meridian: 6
	Producing Formation: COZZ	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

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 &amp; 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 checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L				

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 &amp; 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 checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L				

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 &amp; 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 checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L				

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 &amp; 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 checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L				

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 &amp; 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 checked="" type="checkbox"/> Pipeline <input 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: Pauleen Tobin Signed: \_\_\_\_\_

Title: Engineer Tech Date: 07/21/2015

COGCC Approved:  Date: 10/19/2016

**CONDITIONS OF APPROVAL, IF ANY:**

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

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400871356	FORM 26 SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)