

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

04/08/2016

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: 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	

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

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

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

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

Add Source	API Number: <u>05-103-11211-00</u>	Well Name & No: <u>FEDERAL 397-3G-G1</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>WHITING OIL & GAS CORPORATION</u>	Operator No: <u>96155</u>	
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>3</u> Township: <u>3S</u> Range: <u>97W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	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: 04/08/2016

COGCC Approved:  Date: 11/02/2016

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401022473	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)