

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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08/02/2016

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: <u>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: <u>Reed Haddock</u>
Address: <u>1001 17TH STREET #1600</u>	Phone: <u>(720) 880-6369</u> Fax: <u>(303) 565-4606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rhaddock@caerusoilandgas.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159335</u>	Operator's Disposal Facility Name: <u>PUCKETT 22B-24D</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNW</u> Sec: <u>24</u> Twp: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>		
County: <u>GARFIELD</u>		

SUBMITTED ITEM SUMMARY TOTALS:Submitted: 4 Deleted: 0 Added: 4**SOURCE OF PRODUCED WATER**

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-19203-00</u> Well Name & No: <u>697-26A 21</u>
	Operator Name: <u>MARATHON OIL COMPANY</u> Operator No: <u>53650</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>26</u> Township: <u>6S</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 type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-19225-00</u> Well Name & No: <u>697-26A 14</u>
	Operator Name: <u>MARATHON OIL COMPANY</u> Operator No: <u>53650</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>26</u> Township: <u>6S</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 type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-19227-00</u> Well Name & No: <u>697-26A 23</u>
	Operator Name: <u>MARATHON OIL COMPANY</u> Operator No: <u>53650</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>26</u> Township: <u>6S</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 type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-19229-00</u> Well Name & No: <u>697-26A 12</u>
	Operator Name: <u>MARATHON OIL COMPANY</u> Operator No: <u>53650</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>26</u> Township: <u>6S</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 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: 08/02/2016

COGCC Approved: *Matthew Lee* Date: 11/16/2016

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401087304	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)