

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

1631180

Date Received:

12/04/2009

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: 10091

Name of Operator: BERRY PETROLEUM COMPANY LLC

Address: 5201 TRUXTUN AVENUE #100

City: BAKERSFIELD State: CA Zip: 90339

Contact Name and Telephone:

Name: CHRIS FREEMAN 303-999-4400

Phone: (303) 999-4220 Fax: (303) 999-4334

Email: None@given.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 414667

Operator's Disposal Facility Name: I-19

Operator's Disposal Facility Number:

Location: QtrQtr: NESE Sec: 19 Twp: 5S Range: 96W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 3 Added: 3

SOURCE OF PRODUCED WATER

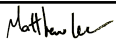
Add Source	API Number: 05-045-12657-00	Well Name & No: CHEVRON 20-9D
<input type="checkbox"/>	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source	Location: QtrQtr: NESE Section: 19 Township: 5S Range: 96W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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	API Number: 05-045-12658-00	Well Name & No: CHEVRON 20-10D
<input type="checkbox"/>	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source	Location: QtrQtr: NESE Section: 19 Township: 5S Range: 96W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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	API Number: 05-045-12695-00	Well Name & No: CHEVRON 19-342D
<input checked="" type="checkbox"/>	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source	Location: QtrQtr: NESE Section: 19 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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	API Number: 05-045-12696-00	Well Name & No: CHEVRON 19-1D
<input checked="" type="checkbox"/>	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source	Location: QtrQtr: NESE Section: 19 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/>	API Number: <u>05-045-12697-00</u>	Well Name & No: <u>CHEVRON 19-16D</u>
	Operator Name: <u>BERRY PETROLEUM COMPANY</u>	Operator No: <u>10091</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NESE</u> Section: <u>19</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WMFK</u>	Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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>05-045-12698-00</u>	Well Name & No: <u>CHEVRON 19-15D</u>
	Operator Name: <u>BERRY PETROLEUM COMPANY</u>	Operator No: <u>10091</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NESE</u> Section: <u>19</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WMFK</u>	Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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: CHRIS FREEMAN Signed: _____
 Title: ENVIRONMENTAL MANAGER Date: 12/04/2009

COGCC Approved:  Date: 09/15/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name
401404626	WATER ANALYSIS

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)