

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:

2617335

Date Received:

10/13/2010

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>28700</u>	Contact Name and Telephone:
Name of Operator: <u>EXXON MOBIL OIL CORPORATION</u>	Name: <u>LYNN NEELY</u>
Address: <u>P O BOX 4358 WGR RM 310</u>	Phone: <u>(281) 654-1932</u> Fax: <u>(262) 313-9747</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77210-4358</u>	Email: <u>None@given.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159348</u>	Operator's Disposal Facility Name: <u>PICEANCE CREEK UNIT F13-1G</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>NWSW</u> Sec: <u>1</u> Twp: <u>2S</u> Range: <u>97W</u> Meridian: <u>6</u>		
County: <u>RIO BLANCO</u>		

SUBMITTED ITEM SUMMARY TOTALS:Submitted: 6 Deleted: 0 Added: 6**SOURCE OF PRODUCED WATER**

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-103-11539-00</u>	Well Name & No: <u>PICEANCE CREEK UNIT 197-34A6</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>EXXON MOBIL OIL CORPORATION</u>	Operator No: <u>28700</u>
	Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>COZZ</u> Analysis Attached? <input 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>05-103-11540-00</u>	Well Name & No: <u>PICEANCE CREEK UNIT 197-34A5</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>EXXON MOBIL OIL CORPORATION</u>	Operator No: <u>28700</u>
	Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>COZZ</u> Analysis Attached? <input 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>05-103-11541-00</u>	Well Name & No: <u>PICEANCE CREEK UNIT 197-34A4</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>EXXON MOBIL OIL CORPORATION</u>	Operator No: <u>28700</u>
	Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>COZZ</u> Analysis Attached? <input 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>05-103-11542-00</u>	Well Name & No: <u>PICEANCE CREEK UNIT 197-34A3</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>EXXON MOBIL OIL CORPORATION</u>	Operator No: <u>28700</u>
	Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>COZZ</u> Analysis Attached? <input 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: <u>05-103-11543-00</u>	Well Name & No: <u>PICEANCE CREEK UNIT 197-34A2</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EXXON MOBIL OIL CORPORATION</u>	Operator No: <u>28700</u>
Delete Source	Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>COZZ</u> Analysis Attached? <input 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: <u>05-103-11544-00</u>	Well Name & No: <u>PICEANCE CREEK UNIT 197-34A1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>EXXON MOBIL OIL CORPORATION</u>	Operator No: <u>28700</u>
Delete Source	Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>1S</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>COZZ</u> Analysis Attached? <input 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: LYNN NEELY Signed: _____

Title: REGULATORY SPECIALIST Date: 10/12/2010

COGCC Approved: *Matthew Lee* Date: 09/15/2017

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>
		Stamp Upon Approval

Total: 0 comment(s)