

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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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: 28700

Name of Operator: EXXON MOBIL OIL CORPORATION

Address: P O BOX 4358 WGR RM 310

City: HOUSTON State: TX Zip: 77210-4358

Contact Name and Telephone:

Name: LYNN NEELY

Phone: (281) 654-1932 Fax: (262) 313-9747

Email: None@given.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159348

Operator's Disposal Facility Name: PICEANCE CREEK UNIT F13-1G

Operator's Disposal Facility Number:

Location: QtrQtr: NWSW Sec: 1 Twp: 2S Range: 97W Meridian: 6

County: RIO BLANCO

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER

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

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)