

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

1656371

Date Received:

08/09/2012

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: 10447

Name of Operator: URSA OPERATING COMPANY LLC

Address: 1600 BROADWAY ST STE 2600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Shauna Redican

Phone: (303) 351-6820 Fax: (303) 357-7315

Email: None@given.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159150

Operator's Disposal Facility Name: CSF #1-10W DISPOSAL

Operator's Disposal Facility Number:

Location: QtrQtr: NESW Sec: 10 Twp: 7S Range: 91W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

| | | |
|-------------------------------------|--|----------------------------|
| Add Source | API Number: 05-045-13886-00 | Well Name & No: Gentry B2 |
| <input checked="" type="checkbox"/> | Operator Name: URSA OPERATING COMPANY LLC | Operator No: 10447 |
| Delete Source | Location: QtrQtr: SENW Section: 17 Township: 6S Range: 92W Meridian: 6 | |
| <input type="checkbox"/> | Producing Formation: WFCM Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both | TDS: 105717 mg/L |
| Add Source | API Number: 05-045-15589-00 | Well Name & No: Gentry B14 |
| <input checked="" type="checkbox"/> | Operator Name: URSA OPERATING COMPANY LLC | Operator No: 10447 |
| Delete Source | Location: QtrQtr: SENW Section: 17 Township: 6S Range: 92W Meridian: 6 | |
| <input type="checkbox"/> | Producing Formation: WFCM Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both | TDS: 105717 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: Shauna Redican

Signed:

Title: Permit Representative

Date: 08/08/2012

COGCC Approved: *Matthew*

Date: 04/20/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|--|
| | |
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Attachment Check List

Att Doc Num

Name

| | |
|---------|---|
| 1656371 | SOURCE OF PRODUCED WATER FOR DISPOSAL (Form 26) |
|---------|---|

| | |
|---------|----------------|
| 1656372 | WATER ANALYSIS |
|---------|----------------|

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)