

# 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:

1632590

Date Received:

02/04/2010

## 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: 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

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

Email:

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 415484

Operator's Disposal Facility Name: DANISH FLATS UTAH

Operator's Disposal Facility Number:

Location: QtrQtr: SENE Sec: 2 Twp: 6S Range: 96W Meridian: 6

County: GRAND

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5 Deleted: 0 Added: 5

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-045-14974-00	Well Name & No: SCHOOL HOUSE POINT OM 10B K15 696
	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6	
	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 checked="" type="checkbox"/>	API Number: 05-045-14975-00	Well Name & No: SCHOOL HOUSE POINT OM 10A K15 696
	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6	
	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 checked="" type="checkbox"/>	API Number: 05-045-14976-00	Well Name & No: SCHOOL HOUSE POINT OM 07C K15 696
	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6	
	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 checked="" type="checkbox"/>	API Number: 05-045-14977-00	Well Name & No: SCHOOL HOUSE POINT OM 14A K15 696
	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6	
	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 checked="" type="checkbox"/>	API Number: 05-045-14978-00	Well Name & No: SCHOOL HOUSE POINT OM 11DR K15 696
Delete Source <input type="checkbox"/>	Operator Name: BERRY PETROLEUM COMPANY	Operator No: 10091
	Location: QtrQtr: NESW Section: 15 Township: 6S Range: 96W Meridian: 6	
	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

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: Y

Title: ENVIRO. MANAGER Date: 02/01/2010

COGCC Approved:  Date: 04/25/2018

**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)