

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

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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>10091</u>	Contact Name and Telephone:
Name of Operator: <u>BERRY PETROLEUM COMPANY LLC</u>	Name: <u>CHRIS FREEMAN</u>
Address: <u>5201 TRUXTUN AVENUE #100</u>	Phone: <u>(303) 999-4220</u> Fax: <u>(303) 999-4334</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>90339</u>	Email: _____

DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>415484</u>	Operator's Disposal Facility Name: <u>DANISH FLATS UTAH</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SENE</u> Sec: <u>2</u> Twp: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>		
County: <u>GRAND</u>		

SUBMITTED ITEM SUMMARY TOTALS:Submitted: 5 Deleted: 0 Added: 5**SOURCE OF PRODUCED WATER**

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

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

COGCC Approved: *Matthew Lee* 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)