

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

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: 10343

Name of Operator: QEP ENERGY COMPANY

Address: 1050 17TH STREET - SUITE 800

City: DENVER

State: CO

Zip: 80265

Contact Name and Telephone:

Name: Mackenzie Wall

Phone: (303) 308-3068

Fax: ()

Email: mackenzie.wall@qepres.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150423

Operator's Disposal Facility Name: ISLAND BUTTE II #12

Operator's Disposal Facility Number:

Location: QtrQtr: SENW

Sec: 21

Twp: 38N

Range: 19W

Meridian: N

County: MONTEZUMA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3

Deleted: 0

Added: 3

SOURCE OF PRODUCED WATER

Add Source



API Number: 05-083-06532-00

Well Name & No: ISLAND BUTTE II 5

Operator Name: QEP ENERGY COMPANY

Operator No: 10343

Delete Source



Location: QtrQtr: NENE Section: 20 Township: 38N Range: 19W Meridian: N

Producing Formation: DSCR Analysis Attached? ☐ Yes ☒ NoTransported to disposal site via ☒ Pipeline ☐ Truck ☐ Both TDS: mg/L

Add Source



API Number: 05-083-06538-00

Well Name & No: ISLAND BUTTE II UNIT 8

Operator Name: QEP ENERGY COMPANY

Operator No: 10343

Delete Source



Location: QtrQtr: NWNE Section: 21 Township: 38N Range: 19W Meridian: N

Producing Formation: DSCR Analysis Attached? ☐ Yes ☒ NoTransported to disposal site via ☒ Pipeline ☐ Truck ☐ Both TDS: mg/L

Add Source



API Number: 05-083-06542-00

Well Name & No: ISLAND BUTTE II UNIT 7-AH

Operator Name: QEP ENERGY COMPANY

Operator No: 10343

Delete Source



Location: QtrQtr: NENE Section: 20 Township: 38N Range: 19W Meridian: N

Producing Formation: DSCR Analysis Attached? ☐ Yes ☒ NoTransported to disposal site via ☒ Pipeline ☐ Truck ☐ 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: Mackenzie Wall

Signed:

Title: Regulatory Analyst

Date:

COGCC Approved:

Date:

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)