

State of Colorado Oil and Gas Conservation Commission

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401685928

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: 10592

Name of Operator: EXCELL OPERATING LLC

Address: 36629 US HIGHWAY 385

City: WRAY State: CO Zip: 80758

Contact Name and Telephone:

Name: Betty Matthews

Phone: (970) 332-3831 Fax: (970) 332-5821

Email: bmatthews@excell-llc.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159464

Operator's Disposal Facility Name: CHRISTIANSON SWD

Operator's Disposal Facility Number:

Location: QtrQtr: SWSW Sec: 1 Twp: 3S Range: 50W Meridian: 6

County: WASHINGTON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 8 Deleted: 0 Added: 8

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-121-10654-00	Well Name & No: CHRISTIANSON 21-12	
	Operator Name: EXCELL OPERATING LLC	Operator No: 10592	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Meridian: 6	Producing Formation: JSND	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: 2040 mg/L		
Add Source <input checked="" type="checkbox"/>	API Number: 05-121-10674-00	Well Name & No: CHRISTIANSON 31A-12	
	Operator Name: EXCELL OPERATING LLC	Operator No: 10592	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNE Section: 12 Township: 3S Range: 50W Meridian: 6	Producing Formation: JSND	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: 1868 mg/L		
Add Source <input checked="" type="checkbox"/>	API Number: 05-121-10678-00	Well Name & No: YOUNG*J 32A-12	
	Operator Name: EXCELL OPERATING LLC	Operator No: 10592	
Delete Source <input type="checkbox"/>	Location: QtrQtr: SWNE Section: 12 Township: 3S Range: 50W Meridian: 6	Producing Formation: JSND	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: 1980 mg/L		
Add Source <input checked="" type="checkbox"/>	API Number: 05-121-10680-00	Well Name & No: CHRISTIANSON 21A - 12	
	Operator Name: EXCELL OPERATING LLC	Operator No: 10592	
Delete Source <input type="checkbox"/>	Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Meridian: 6	Producing Formation: JSND	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: 1901 mg/L		

Add Source	API Number: <u>05-121-10681-00</u>	Well Name & No: <u>CHRISTIANSON 21B-12</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>EXCELL OPERATING LLC</u>	Operator No: <u>10592</u>	
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>JSND</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: <u>1923</u> mg/L	
Add Source	API Number: <u>05-121-10684-00</u>	Well Name & No: <u>CHRISTIANSON 21D 21D-12</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>EXCELL OPERATING LLC</u>	Operator No: <u>10592</u>	
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>JSND</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: <u>1897</u> mg/L	
Add Source	API Number: <u>05-121-10687-00</u>	Well Name & No: <u>CHRISTIANSON 22-12</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>EXCELL OPERATING LLC</u>	Operator No: <u>10592</u>	
Delete Source	Location: QtrQtr: <u>SENW</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>JSND</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: <u>1711</u> mg/L	
Add Source	API Number: <u>05-121-10688-00</u>	Well Name & No: <u>CHRISTIANSON 21C-12</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>EXCELL OPERATING LLC</u>	Operator No: <u>10592</u>	
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>12</u> Township: <u>3S</u> Range: <u>50W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>JSND</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: <u>1854</u> 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: Betty Matthews Signed: _____

Title: Administrator Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401685930	Source of Produced Water Import
401685931	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)