

**State of Colorado  
Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

Document Number:  
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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: <u>88370</u>	Contact Name and Telephone:
Name of Operator: <u>TIMKA RESOURCES LTD</u>	Name: <u>Todd Pivonka</u>
Address: <u>2116 EAST HIGHWAY 402</u>	Phone: <u>(970) 667-9861</u> Fax: <u>(970) 667-9862</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>	Email: <u>timkaresources@hotmail.com</u>

**DISPOSAL FACILITY INFORMATION**

UIC Facility ID: 150413

Operator's Disposal Facility Name: RICKIE A. WOOD TRUST #3 Operator's Disposal Facility Number: \_\_\_\_\_

Location: QtrQtr: SWSE Sec: 17 Twp: 3N Range: 51W Meridian: 6

County: WASHINGTON

**SUBMITTED ITEM SUMMARY TOTALS:**

Submitted: 2 Deleted: 0 Added: 2

**SOURCE OF PRODUCED WATER**

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-121-09902-00</u>	Well Name & No: <u>RICKIE A WOOD TRUST 1</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>TIMKA RESOURCES LTD</u>	Operator No: <u>88370</u>
	Location: QtrQtr: <u>SESW</u> Section: <u>17</u> Township: <u>3N</u> Range: <u>51W</u> Meridian: <u>6</u>	
	Producing Formation: <u>DSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" 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>05-121-10071-00</u>	Well Name & No: <u>RICKIE A WOOD TRUST 2</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>TIMKA RESOURCES LTD</u>	Operator No: <u>88370</u>
	Location: QtrQtr: <u>NWSE</u> Section: <u>17</u> Township: <u>3N</u> Range: <u>51W</u> Meridian: <u>6</u>	
	Producing Formation: <u>DSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" 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: Todd Pivonka Signed: \_\_\_\_\_

Title: Agent 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>

Total Attach: 0 Files

## General Comments

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

Total: 0 comment(s)