

State of Colorado Oil and Gas Conservation Commission

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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: 88370

Name of Operator: TIMKA RESOURCES LTD

Address: 2116 EAST HIGHWAY 402

City: LOVELAND

State: CO

Zip: 80537

Contact Name and Telephone:

Name: Todd Pivonka

Phone: (970) 667-9861

Fax: (970) 667-9862

Email: timkaresources@hotmail.com

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

COA Type

Description

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)