

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

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FOR OGCC USE ONLY

Document Number:
401749134

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>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: <u>Kristine Mize-Spansky</u>
Address: <u>1001 17TH STREET #1600</u>	Phone: <u>(720) 8806368</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kmizespansky@caerusoilandgas.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159207

Operator's Disposal Facility Name: N. PARACHUTE WF09D M14 Operator's Disposal Facility Number: _____

Location: QtrQtr: SWSW Sec: 14 Twp: 5S Range: 96W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-13405-00</u>	Well Name & No: <u>N.PARACHUTE WF050 M14 590</u>
	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WMFK</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both	TDS: _____ mg/L
Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-13409-00</u>	Well Name & No: <u>N.PARACHUTE WF 12D M14 596</u>
	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WMFK</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" 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: Kristine Mize-Spansky Signed: _____

Title: Gathering Systems Analyst 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>
401749136	Source of Produced Water Import

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)