

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

401745453

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: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER

State: CO

Zip: 80202

Contact Name and Telephone:

Name: Kristine Mize-Spansky

Phone: (720) 8806368

Fax: ()

Email: kmizespansky@caerusoilandgas.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159149

Operator's Disposal Facility Name: BENZEL DISPOSAL #2

Operator's Disposal Facility Number:

Location: QtrQtr: NWSE

Sec: 26

Twp: 6S

Range: 93W

Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 7

Deleted: 0

Added: 7

SOURCE OF PRODUCED WATER

| | | |
|---|--|--------------------------------------|
| Add Source <input checked="" type="checkbox"/> | API Number: 05-045-09497-00 | Well Name & No: BENZEL 26-10B(J26NW) |
| | Operator Name: CAERUS PICEANCE LLC | Operator No: 10456 |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 93W Meridian: 6 | |
| | Producing Formation: WMFK 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: 05-045-09498-00 | Well Name & No: BENZEL 26-7C (J26NW) |
| | Operator Name: CAERUS PICEANCE LLC | Operator No: 10456 |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 93W Meridian: 6 | |
| | Producing Formation: WMFK 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: 05-045-13370-00 | Well Name & No: GMU 26-5D (J26NW) |
| | Operator Name: CAERUS PICEANCE LLC | Operator No: 10456 |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 93W Meridian: 6 | |
| | Producing Formation: WMFK 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: 05-045-13371-00 | Well Name & No: GMU 26-14A (J26NW) |
| | Operator Name: CAERUS PICEANCE LLC | Operator No: 10456 |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: NWSE Section: 26 Township: 6S Range: 93W Meridian: 6 | |
| | Producing Formation: WMFK 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 | |

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|---|--|---|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-13372-00</u> | Well Name & No: <u>GMU 26-11C (J26NW)</u> |
| | Operator Name: <u>CAERUS PICEANCE LLC</u> | Operator No: <u>10456</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>6S</u> Range: <u>93W</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 | |

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|---|--|---|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-13373-00</u> | Well Name & No: <u>GMU 26-12A (J26NW)</u> |
| | Operator Name: <u>CAERUS PICEANCE LLC</u> | Operator No: <u>10456</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>6S</u> Range: <u>93W</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 | |

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|---|--|---|
| Add Source <input checked="" type="checkbox"/> | API Number: <u>05-045-13374-00</u> | Well Name & No: <u>GMU 26-14B (J26NW)</u> |
| | Operator Name: <u>CAERUS PICEANCE LLC</u> | Operator No: <u>10456</u> |
| Delete Source <input type="checkbox"/> | Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>6S</u> Range: <u>93W</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> |
|--------------------|---------------------------------|
| 401749195 | 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)