

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

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FOR OGCC USE ONLY

Document Number:

401745441

Date Received:

08/30/2018

**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: 159161

Operator's Disposal Facility Name: N PARACHUTE WF09D M14 596

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	API Number: 05-045-13405-00	Well Name & No: N.PARACHUTE WF050 M14 590
<input checked="" type="checkbox"/>	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source	Location: QtrQtr: SWSW Section: 14 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-045-13409-00	Well Name & No: N.PARACHUTE WF 12D M14 596
<input checked="" type="checkbox"/>	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source	Location: QtrQtr: SWSW Section: 14 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	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

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: 08/30/2018

COGCC Approved: *Matthew*

Date: 11/06/2018

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

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**Attachment Check List****Att Doc Num****Name**

401745441

FORM 26 SUBMITTED

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)