

**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:

401749134

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: <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	API Number: <u>05-045-13405-00</u>	Well Name & No: <u>N.PARACHUTE WF050 M14 590</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>
Delete Source	Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	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	API Number: <u>05-045-13409-00</u>	Well Name & No: <u>N.PARACHUTE WF 12D M14 596</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>
Delete Source	Location: QtrQtr: <u>SWSW</u> Section: <u>14</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	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: 08/30/2018

COGCC Approved: *Matthew* Date: 11/06/2018

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401749134	FORM 26 SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)