

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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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: 10433

Name of Operator: LARAMIE ENERGY LLC

Address: 1401 SEVENTEENTH STREET #1400

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Joan Proulx

Phone: (970) 263-3641 Fax: ()

Email: jproulx@laramie-energy.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159398

Operator's Disposal Facility Name: 604-1 SWD

Operator's Disposal Facility Number:

Location: QtrQtr: SWSW Sec: 4 Twp: 6S Range: 97W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 15 Deleted: 15 Added: 0

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-045-20953-00	Well Name & No: Cascade Creek 697-08-02A
<input type="checkbox"/>	Operator Name: LARAMIE ENERGY LLC	Operator No: 10433
Delete Source	Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: WFCM 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: 05-045-20961-00	Well Name & No: Cascade Creek 697-08-02B
<input type="checkbox"/>	Operator Name: LARAMIE ENERGY LLC	Operator No: 10433
Delete Source	Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: WFCM 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: 05-045-20970-00	Well Name & No: Cascade Creek 697-08-10A
<input type="checkbox"/>	Operator Name: LARAMIE ENERGY LLC	Operator No: 10433
Delete Source	Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: WFCM 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: 05-045-20972-00	Well Name & No: Cascade Creek 697-08-10B
<input type="checkbox"/>	Operator Name: LARAMIE ENERGY LLC	Operator No: 10433
Delete Source	Location: QtrQtr: NENW Section: 8 Township: 6S Range: 97W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: WFCM 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>05-077-09425-00</u>	Well Name & No: <u>LARAMIE LAND&CATTLE CO 17-4</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>SWNW</u> Section: <u>17</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>COZZ</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>05-077-09425-00</u>	Well Name & No: <u>LARAMIE LAND&CATTLE CO 17-4</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>SWNW</u> Section: <u>17</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>WFCM</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>05-077-09490-00</u>	Well Name & No: <u>HAWKINS RANCH 10-7</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>COZZ</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>05-077-09490-00</u>	Well Name & No: <u>HAWKINS RANCH 10-7</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>CRCRN</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>05-077-09490-00</u>	Well Name & No: <u>HAWKINS RANCH 10-7</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>WFCM</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>05-077-09494-00</u>	Well Name & No: <u>HAWKINS RANCH 10-10</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>COZZ</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>05-077-09494-00</u>	Well Name & No: <u>HAWKINS RANCH 10-10</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>CRCRN</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>05-077-09494-00</u>	Well Name & No: <u>HAWKINS RANCH 10-10</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>WFCM</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

<input type="checkbox"/> Add Source	API Number: <u>05-077-09605-00</u>	Well Name & No: <u>MCDANIEL 14-4A</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
<input checked="" type="checkbox"/> Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>14</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>COZZ</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

<input type="checkbox"/> Add Source	API Number: <u>05-077-09605-00</u>	Well Name & No: <u>MCDANIEL 14-4A</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
<input checked="" type="checkbox"/> Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>14</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>CRCRN</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

<input type="checkbox"/> Add Source	API Number: <u>05-077-09605-00</u>	Well Name & No: <u>MCDANIEL 14-4A</u>
<input type="checkbox"/>	Operator Name: <u>LARAMIE ENERGY LLC</u>	Operator No: <u>10433</u>
<input checked="" type="checkbox"/> Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>14</u> Township: <u>9S</u> Range: <u>94W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>WFCM</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: Joan Proulx Signed: _____
 Title: Regulatory Analyst Date: 10/16/2018

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>
401797480	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)