

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:
401965055

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>72553</u> | Contact Name and Telephone: |
| Name of Operator: <u>PUCKETT ENERGY CO</u> | Name: <u>Rebecca Jones</u> |
| Address: <u>5460 S QUEBEC ST</u> | Phone: <u>(303) 7731094</u> Fax: <u>(303) 7731157</u> |
| City: <u>GREENWOOD VLG</u> State: <u>CO</u> Zip: <u>80111-191</u> | Email: <u>rebecca@puckettcompanies.com</u> |

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159101

Operator's Disposal Facility Name: DALKE 2 Operator's Disposal Facility Number: _____

Location: QtrQtr: SWSW Sec: 11 Twp: 8N Range: 54W Meridian: 6

County: LOGAN

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1 Deleted: 0 Added: 1

SOURCE OF PRODUCED WATER

| | | |
|-------------------------------------|--|--------------------------------|
| Add Source | API Number: <u>05-075-05910-00</u> | Well Name & No: <u>DALKE 1</u> |
| <input checked="" type="checkbox"/> | Operator Name: <u>PUCKETT ENERGY CO</u> | Operator No: <u>72553</u> |
| Delete Source | Location: QtrQtr: <u>SWSW</u> Section: <u>11</u> Township: <u>8N</u> Range: <u>54W</u> Meridian: <u>6</u> | |
| <input type="checkbox"/> | Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input 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: Rebecca Jones Signed: _____

Title: Landman 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> |
|--------------------|-------------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)