

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401888977

Date Received:

12/31/2018

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: 10634

Name of Operator: P O & G OPERATING LLC

Address: 5847 SAN FELIPE SUITE 3200

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: Kelly Vasquez

Phone: (713) 589-8192 Fax: ()

Email: kelly_vasquez@pogresources.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159414

Operator's Disposal Facility Name: LOWE 1-B

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE Sec: 14 Twp: 11S Range: 46W Meridian: 6

County: KIT CARSON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-063-06185-00	Well Name & No: PETX-LOWE 1A
<input checked="" type="checkbox"/>	Operator Name: P O & G OPERATING LLC	Operator No: 10634
Delete Source	Location: QtrQtr: NENW Section: 14 Township: 11S Range: 46W Meridian: 6	
<input type="checkbox"/>	Producing Formation: MRRW Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: 87036 mg/L
Add Source	API Number: 05-063-06192-00	Well Name & No: LOWE B-2
<input checked="" type="checkbox"/>	Operator Name: P O & G OPERATING LLC	Operator No: 10634
Delete Source	Location: QtrQtr: NWNE Section: 14 Township: 11S Range: 46W Meridian: 6	
<input type="checkbox"/>	Producing Formation: MRRW Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: 89092 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: Kelly Vasquez

Signed:

Title: Regulatory Associate

Date: 12/31/2018

COGCC Approved: *Matthew*

Date: 03/11/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

401888977	FORM 26 SUBMITTED
401888981	WATER ANALYSIS

401888982	WATER ANALYSIS
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Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)