

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

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FOR OGCC USE ONLY

Document Number:

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Date Received:

12/20/2018

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>20275</u>	Contact Name and Telephone:
Name of Operator: <u>CORAL PRODUCTION CORP</u>	Name: <u>JIM WIEGER</u>
Address: <u>1600 STOUT ST STE 1500</u>	Phone: <u>(303) 623-3573</u> Fax: <u>(303) 623-2870</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jimwieger@qwestoffice.net</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150108

Operator's Disposal Facility Name: CHRISTIANSON B-4 Operator's Disposal Facility Number: _____

Location: QtrQtr: SWNW Sec: 27 Twp: 3S Range: 50W Meridian: 6

County: WASHINGTON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-121-09200-00</u>	Well Name & No: <u>CHRISTIANSON B 3</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CORAL PRODUCTION CORP</u>	Operator No: <u>20275</u>
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>27</u> Township: <u>3S</u> Range: <u>50W</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
Add Source	API Number: <u>05-121-10711-00</u>	Well Name & No: <u>CHRISTIANSEN B-5</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CORAL PRODUCTION CORP</u>	Operator No: <u>20275</u>
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>27</u> Township: <u>3S</u> Range: <u>50W</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: JIM WIEGER Signed: _____
Title: Geologist Date: 12/20/2018

COGCC Approved: *Matthew* Date: 03/11/2019

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401882782	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)