

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

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FOR OGCC USE ONLY

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12/04/2009

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>10091</u>	Contact Name and Telephone:
Name of Operator: <u>BERRY PETROLEUM COMPANY LLC</u>	Name: <u>CHRIS FREEMAN 303-999-4400</u>
Address: <u>5201 TRUXTUN AVENUE #100</u>	Phone: <u>(303) 999-4220</u> Fax: <u>(303) 999-4334</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>90339</u>	Email: <u>none@given.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 414667

Operator's Disposal Facility Name: I-19 Operator's Disposal Facility Number: _____

Location: QtrQtr: NESE Sec: 19 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>05-045-14299-00</u>	Well Name & No: <u>CHEVRON 19-3D</u>
<input checked="" type="checkbox"/>	Operator Name: <u>BERRY PETROLEUM COMPANY</u>	Operator No: <u>10091</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>19</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 checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: <u>05-045-14697-00</u>	Well Name & No: <u>CHEVRON 19-4D</u>
<input checked="" type="checkbox"/>	Operator Name: <u>BERRY PETROLEUM COMPANY</u>	Operator No: <u>10091</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>19</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 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: CHRIS FREEMAN Signed: _____
Title: ENVIRONMENTAL MANAGER Date: 12/04/2009

COGCC Approved: *Matthew Lee* 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>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	changed analysis attached to NO due to error from paper copy without back-up scan operator is no longer operator of record	03/11/2019

Total: 1 comment(s)