

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

1630740

Date Received:

11/19/2009

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: 100264

Name of Operator: XTO ENERGY INC

Address: 110 W 7TH STREET

City: FORTH WORTH State: TX Zip: 76102

Contact Name and Telephone:

Name: KELLY SMALL 505-333-3145

Phone: (505) 333-3100 Fax: (505) 333-3280

Email: none@given.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 414411

Operator's Disposal Facility Name: LAPOINT RECYCLE & STORAGE, UT Operator's Disposal Facility Number:

Location: QtrQtr: NWSE Sec: 16 Twp: 2S Range: 95W Meridian: 6

County: RIO BLANCO

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5 Deleted: 0 Added: 5

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-103-10635-00	Well Name & No: FEDERAL 1-96-23-12
	Operator Name: XTO ENERGY INC	Operator No: 100264
Delete Source <input type="checkbox"/>	Location: QtrQtr: SWNW Section: 23 Township: 1S Range: 96W Meridian: 6	
	Producing Formation: WSMVD 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 <input checked="" type="checkbox"/>	API Number: 05-103-10655-00	Well Name & No: FEDERAL 2S-95-15-22
	Operator Name: XTO ENERGY INC	Operator No: 100264
Delete Source <input type="checkbox"/>	Location: QtrQtr: SENW Section: 15 Township: 2S Range: 95W Meridian: 6	
	Producing Formation: COZZ 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 <input checked="" type="checkbox"/>	API Number: 05-103-10918-00	Well Name & No: FEDERAL 1S-96-9-11BP
	Operator Name: XTO ENERGY INC	Operator No: 100264
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWNW Section: 9 Township: 1S Range: 96W Meridian: 6	
	Producing Formation: WFCM 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 <input checked="" type="checkbox"/>	API Number: 05-103-10957-01	Well Name & No: FEDERAL 2S-95-16-33DP
	Operator Name: XTO ENERGY INC	Operator No: 100264
Delete Source <input type="checkbox"/>	Location: QtrQtr: NWSE Section: 16 Township: 2S Range: 95W Meridian: 6	
	Producing Formation: WMFK 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: 05-103-10976-00	Well Name & No: FEDERAL 2S-95-15-42BP
<input checked="" type="checkbox"/>	Operator Name: XTO ENERGY INC	Operator No: 100264
Delete Source	Location: QtrQtr: SENE Section: 15 Township: 2S Range: 95W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK	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: KELLY SMALL Signed: _____

Title: REGULATORY COMPLIANCE Date: 03/11/2009

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>

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)