

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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07/17/2009

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>19160</u> Name of Operator: <u>CONOCO PHILLIPS COMPANY</u> Address: <u>925 N ELDRIDGE PARKWAY</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Contact Name and Telephone: Name: <u>JUSTIN FIRKINS 432-688-6913</u> Phone: <u>(432) 688-6913</u> Fax: <u>(432) 688-6019</u> Email: <u>none@given.com</u>
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DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>414437</u>	Operator's Disposal Facility Name: <u>WELL PAD K04 596</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>NESW</u> Sec: <u>4</u> Twp: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>		
County: <u>GARFIELD</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-14531-00</u>	Well Name & No: <u>N. PARACHUTE CP01A-05 A05 59</u>	Operator No: <u>19160</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NENE</u> Section: <u>5</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	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 <input checked="" type="checkbox"/>	API Number: <u>05-045-14532-00</u>	Well Name & No: <u>N. PARACHUTE CP11A-05 A05 59</u>	Operator No: <u>19160</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NENE</u> Section: <u>5</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	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 <input checked="" type="checkbox"/>	API Number: <u>05-045-14542-00</u>	Well Name & No: <u>N. PARACHUTE CP08D-04 H04 59</u>	Operator No: <u>19160</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SENE</u> Section: <u>4</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	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 <input checked="" type="checkbox"/>	API Number: <u>05-045-14544-00</u>	Well Name & No: <u>N. PARACHUTE CP12D-03 H04 59</u>	Operator No: <u>19160</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SENE</u> Section: <u>4</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	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>05-045-14545-00</u>	Well Name & No: <u>N. PARACHUTE CP01B-04 H04 59</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>4</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>05-045-14981-00</u>	Well Name & No: <u>N. PARACHUTE CP02B-16 B16 59</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>
Delete Source	Location: QtrQtr: <u>NWNE</u> Section: <u>16</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: JUSTIN FIRKINS Signed: _____

Title: REGULATORY SPECIALIST Date: 05/20/2009

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)