

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: 19160

Name of Operator: CONOCO PHILLIPS COMPANY

Address: 925 N ELDRIDGE PARKWAY

City: HOUSTON State: TX Zip: 77079

Contact Name and Telephone:

Name: JUSTIN FIRKINS 432-688-6913

Phone: (432) 688-6913 Fax: (432) 688-6019

Email:

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 414549

Operator's Disposal Facility Name: WELL PAD A03 596

Operator's Disposal Facility Number:

Location: QtrQtr: NENE Sec: 5 Twp: 5S Range: 96W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER

Add Source API Number: 05-045-11539-00 Well Name & No: N. PARACHUTE CP 11A-04 K0 596
Operator Name: CONOCO PHILLIPS COMPANY Operator No: 19160
Delete Source Location: QtrQtr: NESW Section: 4 Township: 5S Range: 96W Meridian: 6
Producing Formation: WMFK Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source API Number: 05-045-11543-00 Well Name & No: NORTH PARACHUTE CP10D-4 K04 596
Operator Name: CONOCO PHILLIPS COMPANY Operator No: 19160
Delete Source Location: QtrQtr: NESW Section: 4 Township: 5S Range: 96W Meridian: 6
Producing Formation: WMFK Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source API Number: 05-045-11544-00 Well Name & No: N. PARACHUTE CP11D 04 K04596
Operator Name: CONOCO PHILLIPS COMPANY Operator No: 19160
Delete Source Location: QtrQtr: NESW Section: 4 Township: 5S Range: 96W Meridian: 6
Producing Formation: WMFK Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source API Number: 05-045-11545-00 Well Name & No: N PARACHUTE CP09B-04 K04 596
Operator Name: CONOCO PHILLIPS COMPANY Operator No: 19160
Delete Source Location: QtrQtr: NESW Section: 4 Township: 5S Range: 96W Meridian: 6
Producing Formation: WMFK Analysis Attached? Yes No
Transported to disposal site via Pipeline Truck Both TDS: _____ mg/L

Add Source	<input checked="" type="checkbox"/>	API Number: <u>05-045-13538-00</u>	Well Name & No: <u>N.PARACHUTE CP8D-17 E16 596</u>
Delete Source	<input type="checkbox"/>	Operator Name: <u>BROWN INC* TOM</u>	Operator No: <u>11050</u>
		Location: QtrQtr: <u>SWNW</u> Section: <u>16</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>05-045-13539-00</u>	Well Name & No: <u>N. PARACHUTE CP11A-16 E16 596</u>
Delete Source	<input type="checkbox"/>	Operator Name: <u>BROWN INC* TOM</u>	Operator No: <u>11050</u>
		Location: QtrQtr: <u>SWNW</u> Section: <u>16</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	

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: 04/03/2019

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>
		Stamp Upon Approval

Total: 0 comment(s)