

**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: 414550

Operator's Disposal Facility Name: WELL PAD E16 596

Operator's Disposal Facility Number:

Location: QtrQtr: SWNW Sec: 16 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: 05-045-14979-00	Well Name & No: N. PARACHUTE CP01B-16 B16 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NWNE Section: 16 Township: 5S Range: 96W 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
Add Source	API Number: 05-045-14980-00	Well Name & No: N. PARACHUTE CP08B-16 B16 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NWNE Section: 16 Township: 5S Range: 96W 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
Add Source	API Number: 05-045-15162-00	Well Name & No: N. PARACHUTE CP14B-21 G21 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWNE Section: 21 Township: 5S Range: 96W 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
Add Source	API Number: 05-045-15164-00	Well Name & No: N. PARACHUTE CP07B-21 G21 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWNE Section: 21 Township: 5S Range: 96W 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

Add Source	<input checked="" type="checkbox"/>	API Number: <u>05-045-15165-00</u>	Well Name & No: <u>N. PARACHUTE CP 11B-21 G21 5</u>
Delete Source	<input type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>
		Location: QtrQtr: <u>SWNE</u> Section: <u>21</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>05-045-15323-00</u>	Well Name & No: <u>N. PARACHUTE CP02D-27 G27 59</u>
Delete Source	<input type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>
		Location: QtrQtr: <u>SWNE</u> Section: <u>27</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: JUSTN 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)