

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

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: 05-045-14698-00	Well Name & No: DWU CP14D-33 M33 49
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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: 05-045-14700-00	Well Name & No: DWU CP08D-32 M33 49
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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: 05-045-14701-00	Well Name & No: DWU CP13B-33 M33 49
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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: 05-045-15094-00	Well Name & No: DWU CP01B-33 E34 49
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWNW Section: 34 Township: 4S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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>05-045-15605-00</u>	Well Name & No: <u>SGU CP01D-34H34 496</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>34</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WMFK</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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>05-045-15608-00</u>	Well Name & No: <u>SGU CP12B35 H34 496</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>34</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WMFK</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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)