

**State of Colorado**  
**Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

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**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>	Contact Name and Telephone:
Name of Operator: <u>CONOCO PHILLIPS COMPANY</u>	Name: <u>JUSTIN FIRKINS 432-688-6913</u>
Address: <u>925 N ELDRIDGE PARKWAY</u>	Phone: <u>(432) 688-6913</u> Fax: <u>(432) 688-6019</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: _____

**DISPOSAL FACILITY INFORMATION**

UIC Facility ID: <u>414551</u>	Operator's Disposal Facility Name: <u>WELL PAD E34 496</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNW</u> Sec: <u>34</u> Twp: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>		
County: <u>GARFIELD</u>		

**SUBMITTED ITEM SUMMARY TOTALS:**Submitted: 5 Deleted: 0 Added: 5**SOURCE OF PRODUCED WATER**

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-13004-00</u> Well Name & No: <u>N. PARACHUTE CP02D-09 G09 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>9</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>05-045-13024-00</u> Well Name & No: <u>N. PARACHUTE CP08D-03 A03 59</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u> Operator No: <u>19160</u>
	Location: QtrQtr: <u>NENE</u> Section: <u>3</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>05-045-13025-00</u> Well Name & No: <u>N. PARACHUTE CP04C-02 A03 59</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u> Operator No: <u>19160</u>
	Location: QtrQtr: <u>NENE</u> Section: <u>3</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>05-045-14366-00</u> Well Name & No: <u>N. PARACHUTE CP08A-05 A05 59</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u> Operator No: <u>19160</u>
	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	API Number: 05-045-14407-00	Well Name & No: N. PARACHUTE CPO2A-03 A03 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NENE Section: 3 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

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)