

**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: 414551

Operator's Disposal Facility Name: WELL PAD E34 496

Operator's Disposal Facility Number:

Location: QtrQtr: SWNW Sec: 34 Twp: 4S Range: 96W Meridian: 6

County: GARFIELD

**SUBMITTED ITEM SUMMARY TOTALS:**

Submitted: 6 Deleted: 0 Added: 6

**SOURCE OF PRODUCED WATER**

Add Source	API Number: 05-045-14531-00	Well Name & No: N. PARACHUTE CP01A-05 A05 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NENE Section: 5 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: 05-045-14532-00	Well Name & No: N. PARACHUTE CP11A-05 A05 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NENE Section: 5 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: 05-045-14542-00	Well Name & No: N. PARACHUTE CP08D-04 H04 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SENE Section: 4 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: 05-045-14544-00	Well Name & No: N. PARACHUTE CP12D-03 H04 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SENE Section: 4 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: <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:  Date: 05/17/2019

**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)