

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

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FOR OGCC USE ONLY  
Document Number:  
**402117555**  
Date Received:  
**07/22/2019**

**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>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: <u>Kristine Mize-Spansky</u>
Address: <u>1001 17TH STREET #1600</u>	Phone: <u>(720) 8806368</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kmizespansky@caerusoilandgas.com</u>

**DISPOSAL FACILITY INFORMATION**

UIC Facility ID: 159207  
 Operator's Disposal Facility Name: N. PARACHUTE WF09D M14 Operator's Disposal Facility Number: \_\_\_\_\_  
 Location: QtrQtr: SWSW Sec: 14 Twp: 5S Range: 96W Meridian: 6  
 County: GARFIELD

**SUBMITTED ITEM SUMMARY TOTALS:**

Submitted: 2 Deleted: 0 Added: 2

**SOURCE OF PRODUCED WATER**

Add Source	API Number: <u>05-045-13405-00</u>	Well Name & No: <u>N.PARACHUTE WF050 M14 590</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>
Delete Source	Location: QtrQtr: <u>SWSW</u> Section: <u>14</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 type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: <u>05-045-13409-00</u>	Well Name & No: <u>N.PARACHUTE WF 12D M14 596</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>
Delete Source	Location: QtrQtr: <u>SWSW</u> Section: <u>14</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 type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" 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: Kristine Mize-Spansky Signed: \_\_\_\_\_  
 Title: Gathering Systems Analyst Date: 07/22/2019

COGCC Approved: [Signature] Date: 10/11/2019

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
402117555	FORM 26 SUBMITTED

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)