

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402117563

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: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Kristine Mize-Spansky

Phone: (720) 8806368 Fax: ()

Email: kmizespansky@caerusoilandgas.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159161

Operator's Disposal Facility Name: N PARACHUTE WF09D M14 596

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: 05-045-13405-00	Well Name & No: N.PARACHUTE WF050 M14 590
<input checked="" type="checkbox"/>	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source	Location: QtrQtr: SWSW Section: 14 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 type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-045-13409-00	Well Name & No: N.PARACHUTE WF 12D M14 596
<input checked="" type="checkbox"/>	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456
Delete Source	Location: QtrQtr: SWSW Section: 14 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 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:

Date: 10/11/2019

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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Attachment Check List**Att Doc Num****Name**

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FORM 26 SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)