

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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: 10433

Name of Operator: LARAMIE ENERGY LLC

Address: 1401 SEVENTEENTH STREET #1401

City: DENVER

State: CO

Zip: 80202

Contact Name and Telephone:

Name: Joan Proulx

Phone: (970) 263-3641

Fax: ()

Email: jproulx@laramie-energy.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159398

Operator's Disposal Facility Name: 604-1 SWD

Operator's Disposal Facility Number:

Location: QtrQtr: SWSW

Sec: 4

Twp: 6S

Range: 97W

Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4

Deleted: 4

Added: 0

SOURCE OF PRODUCED WATER

Add Source ☐ API Number: 05-045-18126-00 Well Name & No: Cascade Creek 697-05-78B
 Operator Name: LARAMIE ENERGY LLC Operator No: 10433
 Delete Source ☒ Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6
 Producing Formation: WFCM Analysis Attached? ☐ Yes ☒ No
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: mg/L

Add Source ☐ API Number: 05-077-08463-00 Well Name & No: ANDERSON 1
 Operator Name: LARAMIE ENERGY LLC Operator No: 10433
 Delete Source ☒ Location: QtrQtr: SENW Section: 7 Township: 10S Range: 94W Meridian: 6
 Producing Formation: COZZ Analysis Attached? ☐ Yes ☒ No
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: mg/L

Add Source ☐ API Number: 05-077-08463-00 Well Name & No: ANDERSON 1
 Operator Name: LARAMIE ENERGY LLC Operator No: 10433
 Delete Source ☒ Location: QtrQtr: SENW Section: 7 Township: 10S Range: 94W Meridian: 6
 Producing Formation: CRCRN Analysis Attached? ☐ Yes ☒ No
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: mg/L

Add Source ☐ API Number: 05-077-08463-00 Well Name & No: ANDERSON 1
 Operator Name: LARAMIE ENERGY LLC Operator No: 10433
 Delete Source ☒ Location: QtrQtr: SENW Section: 7 Township: 10S Range: 94W Meridian: 6
 Producing Formation: CZ-CR Analysis Attached? ☐ Yes ☒ No
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ 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: Joan Proulx Signed: _____

Title: Regulatory Analyst Date: _____

COGCC Approved: _____ Date: _____

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)