

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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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: 41550

Name of Operator: TYLER ROCKIES EXPLORATION LTD

Address: P O BOX 119

City: TYLER State: TX Zip: 75710-0119

Contact Name and Telephone:

Name: David Braden

Phone: (303) 969-9610 Fax: (303) 969-9644

Email: david@energyop.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159052

Operator's Disposal Facility Name: COWELL #1

Operator's Disposal Facility Number:

Location: QtrQtr: NENW Sec: 31 Twp: 3S Range: 59W Meridian: 6

County: ADAMS

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-001-06878-00	Well Name & No: UPRR-LINNEBUR 1
Delete Source <input type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
	Location: QtrQtr: SWNE Section: 31 Township: 3S Range: 59W Meridian: 6	
	Producing Formation: JSND	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: 05-001-07050-00	Well Name & No: FLADER INDUSTRIES 1
Delete Source <input type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
	Location: QtrQtr: SWNE Section: 30 Township: 3S Range: 59W Meridian: 6	
	Producing Formation: JSND	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: 05-001-08925-00	Well Name & No: LINNEBUR 2-R
Delete Source <input type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
	Location: QtrQtr: NWSE Section: 31 Township: 3S Range: 59W Meridian: 6	
	Producing Formation: JSND	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: 05-005-06731-00	Well Name & No: LINNEBUR 1-6
Delete Source <input type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
	Location: QtrQtr: SWNE Section: 6 Township: 4S Range: 59W Meridian: 6	
	Producing Formation: JSND	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: David Braden Signed: _____

Title: Agent 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)