

State of Colorado Oil and Gas Conservation Commission

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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: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Victoria Dizghinjili

Phone: (303) 825-4822 Fax: ()

Email: vdizghinjili@kpk.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159123

Operator's Disposal Facility Name: DWINELL #2

Operator's Disposal Facility Number:

Location: QtrQtr: SESW Sec: 23 Twp: 10N Range: 79W Meridian: 6

County: JACKSON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-057-05131-00	Well Name & No: DWINELL 3
Delete Source <input type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
	Location: QtrQtr: NWSW Section: 23 Township: 10N Range: 79W Meridian: 6	
	Producing Formation: LKTA 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: 05-057-05134-00	Well Name & No: DWINELL 4
Delete Source <input type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
	Location: QtrQtr: SWNW Section: 23 Township: 10N Range: 79W Meridian: 6	
	Producing Formation: LKTA 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: 05-057-05135-00	Well Name & No: CODY 1
Delete Source <input type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
	Location: QtrQtr: SENE Section: 22 Township: 10N Range: 79W Meridian: 6	
	Producing Formation: DKTA 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: 05-057-05135-00	Well Name & No: CODY 1
Delete Source <input type="checkbox"/>	Operator Name: KP KAUFFMAN COMPANY INC	Operator No: 46290
	Location: QtrQtr: SENE Section: 22 Township: 10N Range: 79W Meridian: 6	
	Producing Formation: LKTA 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: <u>05-057-05136-00</u>	Well Name & No: <u>CODY 2</u>
	Operator Name: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWNE</u> Section: <u>22</u> Township: <u>10N</u> Range: <u>79W</u> Meridian: <u>6</u>	
	Producing Formation: <u>DK-LK</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 <input checked="" type="checkbox"/>	API Number: <u>05-057-06226-00</u>	Well Name & No: <u>DWINELL 3-A</u>
	Operator Name: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SENW</u> Section: <u>23</u> Township: <u>10N</u> Range: <u>79W</u> Meridian: <u>6</u>	
	Producing Formation: <u>FRTR</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: Alan Harrison Signed: _____

Title: VP of Explor and Prod 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)