

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402311386

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: 159099

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 ☒ API Number: 05-057-05131-00 Well Name & No: DWINELL 3  
Operator Name: KP KAUFFMAN COMPANY INC Operator No: 46290  
Delete Source ☐ Location: QtrQtr: NWSW Section: 23 Township: 10N Range: 79W Meridian: 6  
Producing Formation: LKTA Analysis Attached? ☐ Yes ☒ No  
Transported to disposal site via ☒ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source ☒ API Number: 05-057-05134-00 Well Name & No: DWINELL 4  
Operator Name: KP KAUFFMAN COMPANY INC Operator No: 46290  
Delete Source ☐ Location: QtrQtr: SWNW Section: 23 Township: 10N Range: 79W Meridian: 6  
Producing Formation: LKTA Analysis Attached? ☐ Yes ☒ No  
Transported to disposal site via ☒ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source ☒ API Number: 05-057-05135-00 Well Name & No: CODY 1  
Operator Name: KP KAUFFMAN COMPANY INC Operator No: 46290  
Delete Source ☐ Location: QtrQtr: SENE Section: 22 Township: 10N Range: 79W Meridian: 6  
Producing Formation: DKTA Analysis Attached? ☐ Yes ☒ No  
Transported to disposal site via ☒ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source ☒ API Number: 05-057-05135-00 Well Name & No: CODY 1  
Operator Name: KP KAUFFMAN COMPANY INC Operator No: 46290  
Delete Source ☐ Location: QtrQtr: SENE Section: 22 Township: 10N Range: 79W Meridian: 6  
Producing Formation: LKTA Analysis Attached? ☐ Yes ☒ No  
Transported to disposal site via ☒ Pipeline ☐ Truck ☐ 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>
Delete Source <input type="checkbox"/>	Operator Name: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>
	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>
Delete Source <input type="checkbox"/>	Operator Name: <u>KP KAUFFMAN COMPANY INC</u>	Operator No: <u>46290</u>
	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 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)