

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402301397

Date Received:

02/03/2020

## 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: <u>10690</u>	Contact Name and Telephone:
Name of Operator: <u>IMPETRO RESOURCES LLC</u>	Name: <u>Sam Bradley</u>
Address: <u>2820 LOGAN DRIVE</u>	Phone: <u>(970) 593-8626</u> Fax: <u>( )</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80538</u>	Email: <u>sbradley.impetro@gmail.com</u>

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159114</u>	Operator's Disposal Facility Name: <u>GREAT WESTERN FLESSNER</u>	Operator's Disposal Facility Number: <u>14</u>
Location: QtrQtr: <u>NWNE</u> Sec: <u>30</u> Twp: <u>1S</u> Range: <u>56W</u> Meridian: <u>6</u>	County: <u>WASHINGTON</u>	

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

### SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-087-07977-00</u>	Well Name & No: <u>JANET 1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source	Location: QtrQtr: <u>NWNE</u> Section: <u>23</u> Township: <u>1N</u> Range: <u>56W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>DSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: <u>05-121-06415-00</u>	Well Name & No: <u>BLAKE 1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source	Location: QtrQtr: <u>SESE</u> Section: <u>22</u> Township: <u>1S</u> Range: <u>55W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>DSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" 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: Sam Bradley Signed: \_\_\_\_\_  
Title: Managing Member Date: 02/03/2020

COGCC Approved:  Date: 02/13/2020

### CONDITIONS OF APPROVAL, IF ANY:

#### COA Type

#### Description

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### Attachment Check List

#### Att Doc Num

#### Name

402301397	FORM 26 SUBMITTED
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Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)