

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402312314

Date Received:

02/13/2020

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>10506</u> Name of Operator: <u>SEELEY OIL COMPANY LLC</u> Address: <u>PO BOX 1058</u> City: <u>CORTEZ</u> State: <u>CO</u> Zip: <u>81321</u>	Contact Name and Telephone: Name: <u>Leah Allen</u> Phone: <u>(970) 565-2136</u> Fax: <u>(970) 565-7508</u> Email: <u>leah@seeleyoil.com</u>
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DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>150423</u>	Operator's Disposal Facility Name: <u>ISLAND BUTTE II #12</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SENW</u> Sec: <u>21</u> Twp: <u>38N</u> Range: <u>19W</u> Meridian: <u>N</u>		
County: <u>MONTEZUMA</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3 Deleted: 0 Added: 3

SOURCE OF PRODUCED WATER

Add Source	<input checked="" type="checkbox"/>	API Number: <u>05-083-06532-00</u>	Well Name & No: <u>ISLAND BUTTE II 5</u>	Operator No: <u>10506</u>	
		Operator Name: <u>SEELEY OIL COMPANY LLC</u>		Operator No: <u>10506</u>	
Delete Source	<input type="checkbox"/>	Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>38N</u> Range: <u>19W</u> Meridian: <u>N</u>			
		Producing Formation: <u>DSCR</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>05-083-06538-00</u>	Well Name & No: <u>ISLAND BUTTE II UNIT 8</u>	Operator No: <u>10506</u>	
		Operator Name: <u>SEELEY OIL COMPANY LLC</u>		Operator No: <u>10506</u>	
Delete Source	<input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>21</u> Township: <u>38N</u> Range: <u>19W</u> Meridian: <u>N</u>			
		Producing Formation: <u>DSCR</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>05-083-06542-00</u>	Well Name & No: <u>ISLAND BUTTE II UNIT 7-AH</u>	Operator No: <u>10506</u>	
		Operator Name: <u>SEELEY OIL COMPANY LLC</u>		Operator No: <u>10506</u>	
Delete Source	<input type="checkbox"/>	Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>38N</u> Range: <u>19W</u> Meridian: <u>N</u>			
		Producing Formation: <u>DSCR</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: Leah Allen Signed: _____

Title: Accountant Date: 02/13/2020

COGCC Approved: [Signature] Date: 11/09/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402312314	FORM 26 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)