

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: 10506

Name of Operator: SEELEY OIL COMPANY LLC

Address: PO BOX 1058

City: CORTEZ State: CO Zip: 81321

Contact Name and Telephone:

Name: Leah Allen

Phone: (970) 565-2136 Fax: (970) 565-7508

Email: leah@seeleyoil.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150423

Operator's Disposal Facility Name: ISLAND BUTTE II #12

Operator's Disposal Facility Number:

Location: QtrQtr: SENW Sec: 21 Twp: 38N Range: 19W Meridian: N

County: MONTEZUMA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3 Deleted: 0 Added: 3

SOURCE OF PRODUCED WATER

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

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

		Stamp Upon Approval
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Total: 0 comment(s)