

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: <u>10433</u>	Contact Name and Telephone:
Name of Operator: <u>LARAMIE ENERGY LLC</u>	Name: <u>Joan Proulx</u>
Address: <u>1401 17TH STREET SUITE #1400</u>	Phone: <u>(970) 263-3641</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jproulx@laramie-energy.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159398

Operator's Disposal Facility Name: 604-1 SWD Operator's Disposal Facility Number:

Location: QtrQtr: SWSW Sec: 4 Twp: 6S Range: 97W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 4 Added: 0

SOURCE OF PRODUCED WATER

Add Source <input type="checkbox"/>	API Number: <u>05-045-13953-00</u> Well Name & No: <u>CASCADE CREEK 697-20-37D</u>
	Operator Name: <u>LARAMIE ENERGY LLC</u> Operator No: <u>10433</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>SWSE</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>
	Producing Formation: <u>WFCM</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: <u> </u> mg/L
Add Source <input type="checkbox"/>	API Number: <u>05-045-13953-00</u> Well Name & No: <u>CASCADE CREEK 697-20-37D</u>
	Operator Name: <u>LARAMIE ENERGY LLC</u> Operator No: <u>10433</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>SWSE</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>
	Producing Formation: <u>WMFK</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: <u> </u> mg/L
Add Source <input type="checkbox"/>	API Number: <u>05-045-15228-00</u> Well Name & No: <u>CC 697-16-46B</u>
	Operator Name: <u>LARAMIE ENERGY LLC</u> Operator No: <u>10433</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>SWSE</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>
	Producing Formation: <u>WFCM</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Both TDS: <u> </u> mg/L
Add Source <input type="checkbox"/>	API Number: <u>05-077-09622-00</u> Well Name & No: <u>HAWKINS RANCH 10-2C</u>
	Operator Name: <u>LARAMIE ENERGY LLC</u> Operator No: <u>10433</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NWNW</u> Section: <u>10</u> Township: <u>10S</u> Range: <u>94W</u> Meridian: <u>6</u>
	Producing Formation: <u>WFCM</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: <u> </u> 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: Joan Proulx Signed: _____

Title: Regulatory Analyst 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)