

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

402573039

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: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Bradley Lawler

Phone: (720) 880-6331 Fax: ()

Email: blawler@caerusoilandgas.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159194

Operator's Disposal Facility Name: LW FEDERAL DISPOSAL #1

Operator's Disposal Facility Number:

Location: QtrQtr: SENE Sec: 6 Twp: 8S Range: 97W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3 Deleted: 3 Added: 0

SOURCE OF PRODUCED WATER

Add Source <input type="checkbox"/>	API Number: 05-045-06697-00	Well Name & No: CEDAR BENCH 23-22	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: NESW Section: 22 Township: 6S Range: 100W Meridian: 6	Producing Formation: DKTA 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: _____ mg/L
Add Source <input type="checkbox"/>	API Number: 05-045-06751-00	Well Name & No: CEDAR BENCH FEDERAL 6302	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: NWSW Section: 21 Township: 6S Range: 100W Meridian: 6	Producing Formation: DKTA 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: _____ mg/L
Add Source <input type="checkbox"/>	API Number: 05-045-06756-00	Well Name & No: GASAWAY FEDERAL 6202	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: SENE Section: 14 Township: 6S Range: 99W Meridian: 6	Producing Formation: WMFK 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: _____ 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: Bradley Lawler

Signed: _____

Title: Regulatory Tech

Date: _____

COGCC Approved: _____

Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

402573079	Source of Produced Water Import
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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)