

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

## 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: _____	Contact Name and Telephone:
Name of Operator: _____	Name: _____
Address: _____	Phone: (    ) _____ Fax: (    ) _____
City: _____ State: _____ Zip: _____	Email: _____

### DISPOSAL FACILITY INFORMATION

OGCC Disposal Facility Number: _____
Operator's Disposal Facility Name: _____ Operator's Disposal Facility Number: _____
Location: QtrQtr: _____ Sec: _____ Twp: _____ Range: _____ Meridian: _____
County: _____

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: \_\_\_\_\_ Deleted: \_\_\_\_\_ Added: \_\_\_\_\_

### SOURCE OF PRODUCED WATER

Add Source <input type="checkbox"/>	API Number: _____ - - - Well Name & No: _____
	Operator Name: _____ Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L
Add Source <input type="checkbox"/>	API Number: _____ - - - Well Name & No: _____
	Operator Name: _____ Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L
Add Source <input type="checkbox"/>	API Number: _____ - - - Well Name & No: _____
	Operator Name: _____ Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L
Add Source <input type="checkbox"/>	API Number: _____ - - - Well Name & No: _____
	Operator Name: _____ Operator No: _____
Delete Source <input type="checkbox"/>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L

Add Source <input type="checkbox"/>	API Number:    -    -    -         Well Name & No: _____
	Operator Name: _____ Operator No: _____
Delete Source <input type="checkbox"/>	Location:    QtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
	Producing Formation: _____ Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input 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: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_