

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: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: Kristine Mize-Spansky

Phone: (303) 565-4600 Fax: ()

Email: kmizespansky@caerusoilandgas.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159335

Operator's Disposal Facility Name: PUCKETT 22B-24D

Operator's Disposal Facility Number:

Location: QtrQtr: SWNW Sec: 24 Twp: 6S Range: 97W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 9 Deleted: 9 Added: 0

SOURCE OF PRODUCED WATER

Add Source <input type="checkbox"/>	API Number: 05-045-11010-01	Well Name & No: PUCKETT 241-1	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: NENW Section: 1 Township: 7S Range: 97W Meridian: 6	Producing Formation: WFCM 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: 05-045-14105-01	Well Name & No: PUCKETT 32A-7D	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: SWNE Section: 7 Township: 7S Range: 96W Meridian: 6	Producing Formation: WFCM 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: 05-045-14251-01	Well Name & No: 697-13C 27	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: SESW Section: 13 Township: 6S Range: 97W 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
Add Source <input type="checkbox"/>	API Number: 05-045-14562-01	Well Name & No: 697-13C 16	
	Operator Name: CAERUS PICEANCE LLC	Operator No: 10456	
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: SESW Section: 13 Township: 6S Range: 97W 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

Add Source	API Number: <u>05-045-15021-01</u>	Well Name & No: <u>697-12A 27</u>	
<input type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>12</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>		
<input checked="" type="checkbox"/>	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: _____	mg/L

Add Source	API Number: <u>05-045-15036-01</u>	Well Name & No: <u>697-12A 21</u>	
<input type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>12</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>		
<input checked="" type="checkbox"/>	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: _____	mg/L

Add Source	API Number: <u>05-045-15720-01</u>	Well Name & No: <u>697-2A 23</u>	
<input type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	
Delete Source	Location: QtrQtr: <u>SWSW</u> Section: <u>33</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>		
<input checked="" type="checkbox"/>	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: _____	mg/L

Add Source	API Number: <u>05-045-16028-01</u>	Well Name & No: <u>596-31C 22</u>	
<input type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	
Delete Source	Location: QtrQtr: <u>LOT 3</u> Section: <u>31</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>		
<input checked="" type="checkbox"/>	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: _____	mg/L

Add Source	API Number: <u>05-045-19813-01</u>	Well Name & No: <u>Puckett 12A-36D</u>	
<input type="checkbox"/>	Operator Name: <u>CAERUS PICEANCE LLC</u>	Operator No: <u>10456</u>	
Delete Source	Location: QtrQtr: <u>Lot 4</u> Section: <u>36</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>		
<input checked="" type="checkbox"/>	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: _____	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: Julie Webb Signed: _____

Title: Sr. Regulatory Analyst Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403116125	Source of Produced Water Import

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)