

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402312557

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: <u>41550</u> Name of Operator: <u>TYLER ROCKIES EXPLORATION LTD</u> Address: <u>P O BOX 119</u> City: <u>TYLER</u> State: <u>TX</u> Zip: <u>75710-0119</u>	Contact Name and Telephone: Name: <u>David Braden</u> Phone: <u>(303) 969-9610</u> Fax: <u>(303) 969-9644</u> Email: <u>david@energyop.com</u>
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DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159052</u>	Operator's Disposal Facility Name: <u>COWELL #1</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>NENW</u> Sec: <u>31</u> Twp: <u>3S</u> Range: <u>59W</u> Meridian: <u>6</u>		
County: <u>ADAMS</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-001-06878-00</u> Well Name & No: <u>UPRR-LINNEBUR 1</u> Operator Name: <u>TYLER ROCKIES EXPLORATION LTD</u> Operator No: <u>41550</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWNE</u> Section: <u>31</u> Township: <u>3S</u> Range: <u>59W</u> Meridian: <u>6</u> Producing Formation: <u>JSND</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-001-07050-00</u> Well Name & No: <u>FLADER INDUSTRIES 1</u> Operator Name: <u>TYLER ROCKIES EXPLORATION LTD</u> Operator No: <u>41550</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWNE</u> Section: <u>30</u> Township: <u>3S</u> Range: <u>59W</u> Meridian: <u>6</u> Producing Formation: <u>JSND</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-001-08925-00</u> Well Name & No: <u>LINNEBUR 2-R</u> Operator Name: <u>TYLER ROCKIES EXPLORATION LTD</u> Operator No: <u>41550</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWSE</u> Section: <u>31</u> Township: <u>3S</u> Range: <u>59W</u> Meridian: <u>6</u> Producing Formation: <u>JSND</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-005-06731-00</u> Well Name & No: <u>LINNEBUR 1-6</u> Operator Name: <u>TYLER ROCKIES EXPLORATION LTD</u> Operator No: <u>41550</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWNE</u> Section: <u>6</u> Township: <u>4S</u> Range: <u>59W</u> Meridian: <u>6</u> Producing Formation: <u>JSND</u> 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: David Braden Signed: _____

Title: Agent Date: 02/13/2020

COGCC Approved:  Date: 08/16/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

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

Attachment List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
402312557	FORM 26 SUBMITTED

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)