

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402573039

Date Received:

01/12/2021

## 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>10456</u> Name of Operator: <u>CAERUS PICEANCE LLC</u> Address: <u>1001 17TH STREET #1600</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Contact Name and Telephone: Name: <u>Bradley Lawler</u> Phone: <u>(720) 880-6331</u> Fax: <u>( )</u> Email: <u>blawler@caerusoilandgas.com</u>
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### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159194</u>	Operator's Disposal Facility Name: <u>LW FEDERAL DISPOSAL #1</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SENE</u> Sec: <u>6</u> Twp: <u>8S</u> Range: <u>97W</u> Meridian: <u>6</u>		
County: <u>GARFIELD</u>		

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3 Deleted: 3 Added: 0

### SOURCE OF PRODUCED WATER

Add Source <input type="checkbox"/>	API Number: <u>05-045-06697-00</u> Well Name & No: <u>CEDAR BENCH 23-22</u> Operator Name: <u>CAERUS PICEANCE LLC</u> Operator No: <u>10456</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NESW</u> Section: <u>22</u> Township: <u>6S</u> Range: <u>100W</u> Meridian: <u>6</u> Producing Formation: <u>DKTA</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 <input type="checkbox"/>	API Number: <u>05-045-06751-00</u> Well Name & No: <u>CEDAR BENCH FEDERAL 6302</u> Operator Name: <u>CAERUS PICEANCE LLC</u> Operator No: <u>10456</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NWSW</u> Section: <u>21</u> Township: <u>6S</u> Range: <u>100W</u> Meridian: <u>6</u> Producing Formation: <u>DKTA</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 <input type="checkbox"/>	API Number: <u>05-045-06756-00</u> Well Name & No: <u>GASAWAY FEDERAL 6202</u> Operator Name: <u>CAERUS PICEANCE LLC</u> Operator No: <u>10456</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>SENE</u> Section: <u>14</u> Township: <u>6S</u> Range: <u>99W</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: _____ 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: 01/12/2021

COGCC Approved:  Date: 09/06/2022

**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>
402573039	FORM 26 SUBMITTED
402573079	Source of Produced Water Import

Total Attach: 2 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)