

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

01/05/2023

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>10775</u> Name of Operator: <u>KT RESOURCES LLC</u> Address: <u>3381 WESTBROOK LANE</u> City: <u>HIGHLANDS RANCH</u> State: <u>CO</u> Zip: <u>80129</u>	Contact Name and Telephone: Name: <u>Tony Gale</u> Phone: <u>(303) 886-8733</u> Fax: <u>()</u> Email: <u>tony@kt-res.com</u>
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DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159065</u>	Operator's Disposal Facility Name: <u>WRD UNIT 29-33 WDW</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>NWSE</u> Sec: <u>29</u> Twp: <u>2N</u> Range: <u>96W</u> Meridian: <u>6</u>		
County: <u>RIO BLANCO</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 15 Deleted: 15 Added: 0

SOURCE OF PRODUCED WATER

Add Source <input type="checkbox"/>	API Number: <u>05-103-09512-00</u>	Well Name & No: <u>FEDERAL B-13-2-97-N</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>13</u> Township: <u>2N</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WMFKC</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>05-103-09563-00</u>	Well Name & No: <u>WILDLIFE 3-1</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>3</u> Township: <u>1N</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WSTC</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>05-103-09686-00</u>	Well Name & No: <u>WRD FEDERAL 20-1</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WSTC</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>05-103-09792-00</u>	Well Name & No: <u>WRD FEDERAL 22-13</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>22</u> Township: <u>2N</u> Range: <u>97W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WSTC</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>05-103-09976-00</u>	Well Name & No: <u>PARKER 4-35</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>SESW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>WSTC</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>05-103-10047-00</u>	Well Name & No: <u>WRD FEDERAL 1-1</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>NWSW</u> Section: <u>1</u> Township: <u>1N</u> Range: <u>97W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>WSTC</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>05-103-10124-00</u>	Well Name & No: <u>WRD FEDERAL 30-12</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>30</u> Township: <u>2N</u> Range: <u>96W</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>05-103-10137-00</u>	Well Name & No: <u>ANT HILL UNIT 30-23</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>SENW</u> Section: <u>30</u> Township: <u>2N</u> Range: <u>96W</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>05-103-10209-00</u>	Well Name & No: <u>ANT HILL UNIT DOW 18-44</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>SESE</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>96W</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>05-103-10219-00</u>	Well Name & No: <u>ANT HILL UNIT 19-24</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>19</u> Township: <u>2N</u> Range: <u>96W</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>05-103-10221-00</u>	Well Name & No: <u>ANT HILL UNIT 28-44</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>SESE</u> Section: <u>28</u> Township: <u>2N</u> Range: <u>96W</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>05-103-10234-00</u>	Well Name & No: <u>ANT HILL UNIT 12-33</u>
<input type="checkbox"/>	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
Delete Source	Location: QtrQtr: <u>NWSE</u> Section: <u>12</u> Township: <u>2N</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

<input type="checkbox"/> Add Source	API Number: <u>05-103-10898-00</u>	Well Name & No: <u>LOVE FEDERAL 17-42</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
<input checked="" type="checkbox"/> Delete Source	Location: QtrQtr: <u>SESW</u> Section: <u>17</u> Township: <u>2N</u> Range: <u>96W</u> Meridian: <u>6</u>	
	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

<input type="checkbox"/> Add Source	API Number: <u>05-103-10899-00</u>	Well Name & No: <u>LOVE FEDERAL 17-21</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
<input checked="" type="checkbox"/> Delete Source	Location: QtrQtr: <u>SWNW</u> Section: <u>17</u> Township: <u>2N</u> Range: <u>96W</u> Meridian: <u>6</u>	
	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

<input type="checkbox"/> Add Source	API Number: <u>05-103-10902-00</u>	Well Name & No: <u>STARLIGHT FEDERAL 18-23</u>
	Operator Name: <u>31 OPERATING</u>	Operator No: <u>200502</u>
<input checked="" type="checkbox"/> Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>96W</u> Meridian: <u>6</u>	
	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: Tony Gale Signed: _____
 Title: C Date: 01/05/2023

COGCC Approved:  Date: 01/06/2023

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403281193	FORM 26 SUBMITTED
403281295	Source of Produced Water Import

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)