

State of Colorado Energy & Carbon Management Commission



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Date Received:

[Empty box for 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

ECMC Operator Number: 10539 Contact Name and Telephone: Kris Meil Kris Meil Name: Kris Meil Kris Meil Address: 760 HORIZON DRIVE STE 400 Phone: (970) 623-6583 Fax: () City: GRAND JUNCTION State: CO Zip: 81506 Email: kmeil@utahgascorp.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150381 Operator's Disposal Facility Name: Operator's Disposal Facility Number: Location: QtrQtr: Sec: Twp: Range: Meridian: County:

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1 Deleted: 1 Added: 0

SOURCE OF PRODUCED WATER

Add Source API Number: 05-077-09755-00 Well Name & No: OPAL 8102-18I Operator Name: UTAH GAS OP LTD DBA UTAH GAS CORP Operator No: 10539 Delete Source Location: QtrQtr: Lot 24 Section: 18 Township: 8S Range: 102W Meridian: 6 Producing Formation: CDMTN Analysis Attached? Yes No Transported to disposal site via Pipeline Truck 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: Kris Meil Signed:

Title: Regulatory Consultant Date:

ECMC Approved: Date:

CONDITIONS OF APPROVAL, IF ANY LIST

Table with 2 columns: COA Type, Description. Row 1: 0 COA

ATTACHMENT LIST

Table with 2 columns: Att Doc Num, Name. Row 1: [Empty]

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)