

State of Colorado
Energy & Carbon Management Commission



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FOR ECMC USE ONLY

Document Number:
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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

ECMC Operator Number: <u>10409</u>	Contact Name and Telephone:
Name of Operator: <u>PEAKVIEW OPERATING COMPANY LLC</u>	Name: <u>Wayne Wise</u>
Address: <u>2427 WEST KETTLE CIRCLE</u>	Phone: <u>(405) 826-7013</u> Fax: <u>()</u>
City: <u>LITTLETON</u> State: <u>CO</u> Zip: <u>80120</u>	Email: <u>wwise@peakviewenergy.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159050

Operator's Disposal Facility Name: STATE 1-16 Operator's Disposal Facility Number: _____

Location: QtrQtr: SWNE Sec: 16 Twp: 6N Range: 90W Meridian: 6

County: MOFFAT

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1 Deleted: 0 Added: 1

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-081-06185-00</u>	Well Name & No: <u>KOWACH 1-9</u>
<input checked="" type="checkbox"/>	Operator Name: <u>PEAKVIEW OPERATING COMPANY LLC</u>	Operator No: <u>10409</u>
Delete Source	Location: QtrQtr: <u>SESW</u> Section: <u>9</u> Township: <u>6N</u> Range: <u>90W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>NBRR</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: <u>43000</u> 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: Wayne Wise Signed: _____

Title: Operations Engineer Date: _____

ECMC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name
404019531	WATER ANALYSIS
404019532	WATER ANALYSIS

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)