

State of Colorado Energy & Carbon Management Commission



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FOR ECMC USE ONLY Document Number: 404319280 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: 10699 Name of Operator: OWN RESOURCES OPERATING LLC Address: 305 S RIDGE STREET #6279 City: BRECKENRIDGE State: CO Zip: 80424 Contact Name and Telephone: Name: Niels Phaf Phone: (713) 6287339 Fax: ( ) Email: niels.phaf@ownresources.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159209 Operator's Disposal Facility Name: PLETCHER WDW 02-33X 1N46W Operator's Disposal Facility Number: Location: QtrQtr: NENW Sec: 33 Twp: 1N Range: 46W Meridian: 6 County: YUMA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5 Deleted: 0 Added: 5

SOURCE OF PRODUCED WATER

Table with 4 rows of source information. Each row includes 'Add Source' and 'Delete Source' options, API Number, Well Name & No, Operator Name, Operator No, Location (QtrQtr, Section, Township, Range, Meridian), Producing Formation, Analysis Attached?, Transported to disposal site via (Pipeline, Truck, Both), and TDS (mg/L).

Add Source	API Number: 05-125-11872-00	Well Name & No: PRICKETT 07-09
<input checked="" type="checkbox"/>	Operator Name: OWN RESOURCES OPERATING LLC	Operator No: 10699
Delete Source	Location: QtrQtr: NESE Section: 7 Township: 1S Range: 45W Meridian: 6	
<input type="checkbox"/>	Producing Formation: NBRR	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: Niels Phaf Signed: \_\_\_\_\_

Title: CEO Date: \_\_\_\_\_

ECMC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY LIST**

COA Type	Description
0 COA	

**ATTACHMENT LIST**

Att Doc Num	Name
404319281	Source of Produced Water Import

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)