

State of Colorado Energy & Carbon Management Commission



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FOR ECMC USE ONLY Document Number: 404320414 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: 159204 Operator's Disposal Facility Name: GILBERT 1-3 SWD Operator's Disposal Facility Number: Location: QtrQtr: NESE Sec: 3 Twp: 3N Range: 47W Meridian: 6 County: YUMA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3 Deleted: 0 Added: 3

SOURCE OF PRODUCED WATER

Table with 3 rows of source information. Each row includes Add/Delete Source checkboxes, 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).

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**

404320431	Source of Produced Water Import
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Total Attach: 1 Files

General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)