

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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2361684

Date Received:

04/09/2014

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: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

Address: PO BOX 370

City: PARACHUTE State: CO Zip: 81635

Contact Name and Telephone:

Name: KAROLINA BLANEY

Phone: (970) 6832295 Fax: (970) 2859573

Email: none@given.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159262

Operator's Disposal Facility Name: GM 14-36 INJECTION WELL

Operator's Disposal Facility Number:

Location: QtrQtr: SWSW Sec: 36 Twp: 6S Range: 96W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER


Add Source <input checked="" type="checkbox"/>	API Number: 05-045-21785-00	Well Name & No: FEDERAL NER 444-32
	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source <input type="checkbox"/>	Location: QtrQtr: Lot 2 Section: 5 Township: 7S Range: 93W Meridian: 6	
	Producing Formation: WFCM Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-22030-00	Well Name & No: FEDERAL PA 41-21
	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source <input type="checkbox"/>	Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
	Producing Formation: WFCM Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-22031-00	Well Name & No: FEDERAL PA 342-21
	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source <input type="checkbox"/>	Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
	Producing Formation: WFCM Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-045-22032-00	Well Name & No: FEDERAL PA 441-21
	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source <input type="checkbox"/>	Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
	Producing Formation: WFCM Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-22033-00</u>	Well Name & No: <u>FEDERAL PA 341-21</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
	Location: QtrQtr: <u>SENW</u> Section: <u>21</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
	Producing Formation: <u>WFCM</u>	Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-045-22154-00</u>	Well Name & No: <u>PUCKETT GM 701-28-HN1</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
	Location: QtrQtr: <u>Lot 4</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	Producing Formation: <u>NBRR</u>	Analysis Attached? <input checked="" type="checkbox"/> Yes <input 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: KAROLINA BLANEY Signed: Y
 Title: ENVIRONMENTAL SPECIALIST Date: 04/04/2014

COGCC Approved:  Date: 11/23/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name
2209229	WATER ANALYSIS
2209230	LIST OF SOURCE WELLS
2361684	FORM 26 ORIGINAL

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)