

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

1656157

Date Received:

08/05/2013

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: <u>96850</u>	Contact Name and Telephone:
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Name: <u>Karolina Blaney</u>
Address: <u>PO BOX 370</u>	Phone: <u>(970) 683-2295</u> Fax: <u>(970) 285-9573</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>None@given.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159297</u>	Operator's Disposal Facility Name: <u>GM 931-1D INJECTION WELL</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNE</u> Sec: <u>1</u> Twp: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>		
County: <u>GARFIELD</u>		

SUBMITTED ITEM SUMMARY TOTALS:Submitted: 2 Deleted: 0 Added: 2**SOURCE OF PRODUCED WATER**

Add Source	API Number: <u>05-045-21201-00</u>	Well Name & No: <u>Jolley KP 24-9</u>
<input checked="" type="checkbox"/>	Operator Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
Delete Source	Location: QtrQtr: <u>NWNW</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	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: <u>723</u> mg/L
Add Source	API Number: <u>05-045-21202-00</u>	Well Name & No: <u>Jolley KP 324-9</u>
<input checked="" type="checkbox"/>	Operator Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
Delete Source	Location: QtrQtr: <u>NWNW</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	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: <u>723</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: Karolina Blaney Signed: _____Title: Environmental Specialist Date: 08/05/2013COGCC Approved: *Matthew* Date: 04/13/2018**CONDITIONS OF APPROVAL, IF ANY:**

COA Type	Description

Attachment Check List

Att Doc Num	Name
1656150	WATER ANALYSIS
1656157	SOURCE OF PRODUCED WATER FOR DISPOSAL (Form 26)

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	There are additional source wells included in scanned documentation for this Form 26, paper copies submitted.	04/06/2018

Total: 1 comment(s)