

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

1656332

Date Received:

01/31/2014

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) 683-2295 Fax: (970) 285-9573

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: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-103-11949-00	Well Name & No: Federal BCU 33-36-199
<input checked="" type="checkbox"/>	Operator Name: TEP ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: LOT 12 Section: 36 Township: 1N Range: 99W Meridian: 6	
<input type="checkbox"/>	Producing Formation: CRCRN 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: 149000 mg/L	
Add Source	API Number: 05-103-11950-00	Well Name & No: Federal BCU 532-36-199
<input checked="" type="checkbox"/>	Operator Name: TEP ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: LOT 12 Section: 36 Township: 1N Range: 99W Meridian: 6	
<input type="checkbox"/>	Producing Formation: CRCRN 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: 149000 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: 01/28/2014

COGCC Approved: *Matthew*

Date: 04/13/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

1656332	SOURCE OF PRODUCED WATER FOR DISPOSAL (Form 26)
2301503	WATER ANALYSIS

2301504	UPDATED LIST OF SOURCE WELLS
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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.	04/13/2018

Total: 1 comment(s)