

**State of Colorado
Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY
Document Number:
1656344
Date Received:
04/13/2018

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: 159388
 Operator's Disposal Facility Name: RMV 215-21 INJECTION WELL Operator's Disposal Facility Number: _____
 Location: QtrQtr: NNESW Sec: 21 Twp: 6S Range: 94W Meridian: 6
 County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-103-11949-00</u>	Well Name & No: <u>Federal BCU 33-36-199</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
	Location: QtrQtr: <u>LOT 12</u> Section: <u>36</u> Township: <u>1N</u> Range: <u>99W</u> Meridian: <u>6</u>	
	Producing Formation: <u>CRCRN</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>170000</u> mg/L
Add Source <input checked="" type="checkbox"/>	API Number: <u>05-103-11950-00</u>	Well Name & No: <u>Federal BCU 532-36-199</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
	Location: QtrQtr: <u>LOT 12</u> Section: <u>36</u> Township: <u>1N</u> Range: <u>99W</u> Meridian: <u>6</u>	
	Producing Formation: <u>CRCRN</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>170000</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: 01/30/2014

COGCC Approved: *Matthew* Date: 04/13/2018

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1656344	SOURCE OF PRODUCED WATER FOR DISPOSAL (Form 26)
1656345	WATER ANALYSIS

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)