

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

1656265

Date Received:

04/20/2018

**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: 55575

Name of Operator: MCELVAIN ENERGY INC

Address: 1050 17TH ST STE 2500

City: DENVER State: CO Zip: 80265-2080

Contact Name and Telephone:

Name: Jim McKinney

Phone: (303) 893-0933 Fax: (303) 893-0914

Email: None@given.com

**DISPOSAL FACILITY INFORMATION**

UIC Facility ID: 159263

Operator's Disposal Facility Name: MILDRED SOUTH WDW 2-15 Operator's Disposal Facility Number:

Location: QtrQtr: SWSE Sec: 2 Twp: 3S Range: 46W Meridian: 6

County: YUMA

**SUBMITTED ITEM SUMMARY TOTALS:**

Submitted: 2 Deleted: 0 Added: 2

**SOURCE OF PRODUCED WATER**

Add Source  API Number: 05-125-10644-00 Well Name & No: FALCON 35-15  
Operator Name: MCELVAIN ENERGY INC Operator No: 55575  
Delete Source  Location: QtrQtr: SWSE Section: 35 Township: 2S Range: 46W Meridian: 6  
Producing Formation: NBRR Analysis Attached?  Yes  No  
Transported to disposal site via  Pipeline  Truck  Both TDS: mg/L

Add Source  API Number: 05-125-10828-00 Well Name & No: FALCON 35-16  
Operator Name: MCELVAIN ENERGY INC Operator No: 55575  
Delete Source  Location: QtrQtr: SESE Section: 35 Township: 2S Range: 46W Meridian: 6  
Producing Formation: NBRR Analysis Attached?  Yes  No  
Transported to disposal site via  Pipeline  Truck  Both TDS: 18600 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: J. M. McKinney, Jr.

Signed: \_\_\_\_\_

Title: Operations Engineer

Date: 02/04/2009

COGCC Approved: *Matthew Lee*

Date: 04/25/2018

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

|  |  |
|--|--|
|  |  |
|--|--|

**Attachment Check List****Att Doc Num****Name**

|         |   |
|---------|---|
| 1656265 | SOURCE OF PRODUCED WATER FOR DISPOSAL (FORM 26) |
|---------|---|

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)