

FORM

26

Rev 4/15

# State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

401934734

Date Received:

## 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: 10409

Name of Operator: PEAKVIEW OPERATING COMPANY LLC

Address: 1001 17TH ST SUITE 1050

City: DENVER

State: CO

Zip: 80202

Contact Name and Telephone:

Name: Melissa Walters

Phone: (720) 4023086 Fax: ( )

Email: mwalters@peakviewenergy.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159050

Operator's Disposal Facility Name: STATE 1-16

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE

Sec: 16

Twp: 6N

Range: 90W

Meridian: 6

County: MOFFAT

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1

Deleted: 0

Added: 1

### SOURCE OF PRODUCED WATER

Add Source

API Number: 05-081-06189-00

Well Name &amp; No: VOLOSHIN-MORTON 1 (-8)



Operator Name: PEAKVIEW OPERATING COMPANY LLC

Operator No: 10409

Delete Source

Location: QtrQtr: NESE Section: 8 Township: 6N Range: 90W Meridian: 6

Producing Formation: NBRR Analysis Attached? ☒ Yes ☐ NoTransported to disposal site via ☐ Pipeline ☒ Truck ☐ Both TDS: 37926 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: Melissa Walters

Signed:

Title: Regulatory Tech

Date:

COGCC Approved:

Date:

### CONDITIONS OF APPROVAL, IF ANY:

#### COA Type

#### Description

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### Attachment Check List

Att Doc Num	Name
401934740	FORM 26 ORIGINAL
401934741	WATER ANALYSIS

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date
Engineer	No information was provided regarding the facility number.	03/11/2019

Total: 1 comment(s)