

**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:
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: <u>10409</u>	Contact Name and Telephone:
Name of Operator: <u>PEAKVIEW OPERATING COMPANY LLC</u>	Name: <u>Melissa Walters</u>
Address: <u>1001 17TH ST SUITE 1050</u>	Phone: <u>(720) 4023086</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mwalters@peakviewenergy.com</u>

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: <u>05-081-06189-00</u>	Well Name & No: <u>VOLOSHIN-MORTON 1 (-8)</u>
<input checked="" type="checkbox"/>	Operator Name: <u>PEAKVIEW OPERATING COMPANY LLC</u>	Operator No: <u>10409</u>
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>8</u> Township: <u>6N</u> Range: <u>90W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>NBRR</u> Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: <u>37926</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: Melissa Walters Signed: _____

Title: Regulatory Tech Date: _____

OGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401934740	FORM 26 ORIGINAL
401934741	WATER ANALYSIS

Total Attach: 2 Files

General Comments

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

Total: 1 comment(s)