

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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## 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: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

Contact Name and Telephone:

Name: Steven James

Phone: (303) 893-2438 Fax: (303) 629-5735

Email: steve@westernoperating.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159135

Operator's Disposal Facility Name: GROOMS 1-12

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE Sec: 12 Twp: 2N Range: 54W Meridian: 6

County: WASHINGTON

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

|   |  |  |
|---|--|--|
| Add Source<br><input checked="" type="checkbox"/> | API Number: 05-121-07044-00  | Well Name & No: XENIA WEST UNIT 3-2  |
| Delete Source<br><input type="checkbox"/>         | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620   |
|   | Location: QtrQtr: SWNE Section: 11 Township: 2N Range: 54W Meridian: 6   |  |
|   | Producing Formation: JSND  | Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L |  |
| Add Source<br><input checked="" type="checkbox"/> | API Number: 05-121-07048-00  | Well Name & No: XENIA WEST UNIT 3-3  |
| Delete Source<br><input type="checkbox"/>         | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620   |
|   | Location: QtrQtr: SENE Section: 11 Township: 2N Range: 54W Meridian: 6   |  |
|   | Producing Formation: JSND  | Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L |  |
| Add Source<br><input checked="" type="checkbox"/> | API Number: 05-121-07049-00  | Well Name & No: XENIA WEST UNIT 4-4  |
| Delete Source<br><input type="checkbox"/>         | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620   |
|   | Location: QtrQtr: SENW Section: 11 Township: 2N Range: 54W Meridian: 6   |  |
|   | Producing Formation: JSND  | Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L |  |
| Add Source<br><input checked="" type="checkbox"/> | API Number: 05-121-10699-00  | Well Name & No: XENIA WEST UNIT 3-3X   |
| Delete Source<br><input type="checkbox"/>         | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620   |
|   | Location: QtrQtr: SENE Section: 11 Township: 2N Range: 54W Meridian: 6   |  |
|   | Producing Formation: JSND  | Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ 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: Steven James Signed: \_\_\_\_\_

Title: President Date: \_\_\_\_\_

COGCC 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> |
|--------------------|-------------|
|                    |             |

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)