

# 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:

402312209

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>95620</u>	Contact Name and Telephone:
Name of Operator: <u>WESTERN OPERATING COMPANY</u>	Name: <u>Steven James</u>
Address: <u>1165 DELAWARE STREET #200</u>	Phone: <u>(303) 893-2438</u> Fax: <u>(303) 629-5735</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80204</u>	Email: <u>steve@westernoperating.com</u>

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159135</u>	
Operator's Disposal Facility Name: <u>GROOMS 1-12</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNE</u> Sec: <u>12</u> Twp: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
County: <u>WASHINGTON</u>	

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-121-07044-00</u>	Well Name & No: <u>XENIA WEST UNIT 3-2</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> 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	API Number: <u>05-121-07048-00</u>	Well Name & No: <u>XENIA WEST UNIT 3-3</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> 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	API Number: <u>05-121-07049-00</u>	Well Name & No: <u>XENIA WEST UNIT 4-4</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> 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	API Number: <u>05-121-10699-00</u>	Well Name & No: <u>XENIA WEST UNIT 3-3X</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> 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)