

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402312557

Date Received:

02/13/2020

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: 41550

Name of Operator: TYLER ROCKIES EXPLORATION LTD

Address: P O BOX 119

City: TYLER State: TX Zip: 75710-0119

Contact Name and Telephone:

Name: David Braden

Phone: (303) 969-9610 Fax: (303) 969-9644

Email: david@energyop.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159052

Operator's Disposal Facility Name: COWELL #1

Operator's Disposal Facility Number:

Location: QtrQtr: NENW Sec: 31 Twp: 3S Range: 59W Meridian: 6

County: ADAMS

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-001-06878-00	Well Name & No: UPRR-LINNEBUR 1
<input checked="" type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
Delete Source	Location: QtrQtr: SWNE Section: 31 Township: 3S Range: 59W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-001-07050-00	Well Name & No: FLADER INDUSTRIES 1
<input checked="" type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
Delete Source	Location: QtrQtr: SWNE Section: 30 Township: 3S Range: 59W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-001-08925-00	Well Name & No: LINNEBUR 2-R
<input checked="" type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
Delete Source	Location: QtrQtr: NWSE Section: 31 Township: 3S Range: 59W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-005-06731-00	Well Name & No: LINNEBUR 1-6
<input checked="" type="checkbox"/>	Operator Name: TYLER ROCKIES EXPLORATION LTD	Operator No: 41550
Delete Source	Location: QtrQtr: SWNE Section: 6 Township: 4S Range: 59W Meridian: 6	
<input type="checkbox"/>	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: David Braden

Signed: _____

Title: Agent

Date: 02/13/2020

COGCC Approved: 

Date: 08/16/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA

Attachment List

Att Doc Num

Name

402312557	FORM 26 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)