

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:
01/29/2015

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>96850</u>	Contact Name and Telephone:
Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u>	Name: <u>KAROLINA BLANEY</u>
Address: <u>1058 COUNTY ROAD 215</u>	Phone: <u>(970) 683-2295</u> Fax: <u>(970) 285-9573</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: _____

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159418

Operator's Disposal Facility Name: DOE 2-W-29 Operator's Disposal Facility Number: _____

Location: QtrQtr: SENE Sec: 29 Twp: 6S Range: 95W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-045-21382-00</u>	Well Name & No: <u>AP 321-20-695</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WFCM</u> Analysis Attached? <input type="checkbox"/> Yes <input 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>05-045-21386-00</u>	Well Name & No: <u>AP 322-20-695</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Operator No: <u>96850</u>
Delete Source	Location: QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WFCM</u> Analysis Attached? <input type="checkbox"/> Yes <input 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: KAROLINA BLANEY Signed: _____
Title: ENVIRONMENTAL SPECIALIST Date: 01/29/2015

COGCC Approved: *[Signature]* Date: 08/25/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type	Description
0 COA	

Attachment List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Stagnant Form.	08/25/2022

Total: 1 comment(s)