

**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:

2437809

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: <u>159386</u>	Operator's Disposal Facility Name: <u>RWF 434-21 INJECTION WELL</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWSE</u> Sec: <u>21</u> Twp: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u>		
County: <u>GARFIELD</u>		

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 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>05-045-21386-00</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 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: KAROLINA BLANEY Signed: _____

Title: ENVIRONMENTAL SPECIALIST Date: 01/29/2015

COGCC Approved: *[Signature]* Date: 08/31/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA	
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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>
UIC	Stagnant Form.	08/31/2022

Total: 1 comment(s)