

**State of Colorado
Oil and Gas Conservation Commission**

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FOR OGCC USE ONLY

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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: <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: 159214

Operator's Disposal Facility Name: HIALCO 14-1 Operator's Disposal Facility Number: _____

Location: QtrQtr: CSW Sec: 14 Twp: 2N Range: 52W Meridian: 6

County: WASHINGTON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1 Deleted: 0 Added: 1

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-121-06982-00</u>	Well Name & No: <u>J KENNEDY 1</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>NESW</u> Section: <u>15</u> Township: <u>2N</u> Range: <u>52W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>DSND</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 D James Signed: _____
Title: President Date: 02/13/2020

OGCC Approved: *[Signature]* Date: 10/19/2022

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
0 COA	

Attachment List

Att Doc Num	Name
402311764	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)