

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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FOR ECMC USE ONLY

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Date Received:

10/30/2024

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

ECMC Operator Number: 10539	Contact Name and Telephone:
Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP	Name: Kris Meil Kris Meil
Address: 760 HORIZON DRIVE STE 400	Phone: (970) 623-6583 Fax: ()
City: GRAND JUNCTION State: CO Zip: 81506	Email: kmeil@utahgascorp.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159186	Operator's Disposal Facility Name: FEDERAL #4 SWD	Operator's Disposal Facility Number:
Location: QtrQtr: SESW Sec: 31 Twp: 8S Range: 103W Meridian: 6		
County: MESA		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1 Deleted: 1 Added: 0

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-077-09755-00	Well Name & No: OPAL 8102-181
<input type="checkbox"/>	Operator Name: UTAH GAS OP LTD DBA UTAH GAS CORP	Operator No: 10539
Delete Source	Location: QtrQtr: Lot 24 Section: 18 Township: 8S Range: 102W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: CDMTN	Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Transported to disposal site via <input type="checkbox"/> Pipeline <input checked="" 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: Kris Meil Signed: _____
Title: Regulatory Consultant Date: 10/30/2024ECMC Approved:  Date: 12/17/2024**CONDITIONS OF APPROVAL, IF ANY LIST**

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name
403976096	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)