

FORM
6A
Rev
08/22

State of Colorado

Energy & Carbon Management Commission

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01/13/2025

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

OPERATOR & CONTACT INFORMATION

ECMC Operator Number: 95620	Contact Name and Telephone:
Name of Operator: WESTERN OPERATING COMPANY	Name: Steven James
Address: 1165 DELAWARE STREET #200	Phone: (303) 893-2438
City: DENVER State: CO Zip: 80204	Email: steve@westernoperating.com

WELL PLUGGING DATA

The number of Wells the Operator has plugged in the previous 12 months: 1

EVIDENCE OF FINANCIAL CAPABILITY

Provide evidence that the Operator is financially capable of meeting the timelines required by Rule 434.d.(4) for its Plugging List. (If this space is inadequate, provide as an attachment.)

Operator's bonding is current, and operator is continuing to plug wells.

OUT OF SERVICE DESIGNATION

Summary of Wells to be Designated as Out of Service and placed on the Operator's Plugging List

Within 2000' of a School Facility 0	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community 0
Within 2000' of a Child Care Center 0	
Within 2000' of a High Occupancy Building Unit 0	Within High Priority Habitat 0
TOTAL NUMBER OF WELLS 2	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List 0
Valid 2 Invalid 0	

Form Submit Date: 01/13/2025

Plugging Due Date For Wells: 01/13/2029

#	Inv	API	Well Name & Number	Date Ceased Production or Utilization	Within 2000' of a School Facility?	Within 2000' of a Child Care Center?	Within 2000' of a High Occupancy Building Unit?	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community?	Within High Priority Habitat?	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?
1		075-07033	REINERS B-3	04/01/2024	No	No	No	No	No	No
2		075-07023	REINERS B-4	04/01/2024	No	No	No	No	No	No

OPERATOR COMMENT AND SUBMITTAL

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Print Name: Steven D James	Email: steve@westernoperating.com
Title: President	Date: 01/13/2025

ATTACHMENT LIST

Att Doc Num

Name

404055650

EDD-DESIGNATION

Total Attach: 1 Files