

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

04/09/2014

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: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

Address: PO BOX 370

City: PARACHUTE State: CO Zip: 81635

Contact Name and Telephone:

Name: KAROLINA BLANEY

Phone: (970) 6832295 Fax: (970) 2859573

Email: none@given.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159296

Operator's Disposal Facility Name: GM 943-1D INJECTION WELL

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE Sec: 1 Twp: 7S Range: 96W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-045-21785-00	Well Name & No: FEDERAL NER 444-32
<input checked="" type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: Lot 2 Section: 5 Township: 7S Range: 93W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WFCM Analysis Attached? <input checked="" 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: 05-045-22030-00	Well Name & No: FEDERAL PA 41-21
<input checked="" type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WFCM Analysis Attached? <input checked="" 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: 05-045-22031-00	Well Name & No: FEDERAL PA 342-21
<input checked="" type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WFCM Analysis Attached? <input checked="" 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: 05-045-22032-00	Well Name & No: FEDERAL PA 441-21
<input checked="" type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WFCM Analysis Attached? <input checked="" 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	<input checked="" type="checkbox"/>	API Number: 05-045-22033-00	Well Name & No: FEDERAL PA 341-21
Delete Source	<input type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
		Location: QtrQtr: SENW Section: 21 Township: 6S Range: 95W Meridian: 6	
		Producing Formation: WFCM	Analysis Attached? <input checked="" 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	<input checked="" type="checkbox"/>	API Number: 05-045-22154-00	Well Name & No: PUCKETT GM 701-28-HN1
Delete Source	<input type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
		Location: QtrQtr: Lot 4 Section: 28 Township: 6S Range: 96W Meridian: 6	
		Producing Formation: NBRR	Analysis Attached? <input checked="" 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: Y
 Title: ENVIRONMENTAL SPECIALIST Date: 04/04/2014

COGCC Approved: *Matthew Lee* Date: 11/16/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name
401151302	WATER ANALYSIS

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)