

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:

2363618

Date Received:

07/31/2014

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: NO.EMAIL@GIVEN.COM

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159301

Operator's Disposal Facility Name: KOKOPELLI SWD 9-12D

Operator's Disposal Facility Number:

Location: QtrQtr: NESE Sec: 8 Twp: 6S Range: 91W Meridian: 6

County:

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 2 Deleted: 0 Added: 2

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-045-22269-00	Well Name & No: C&C Energy GM 321-13
<input checked="" type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: SWSW Section: 12 Township: 7S Range: 96W 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: 11300 mg/L
Add Source	API Number: 05-045-22270-00	Well Name & No: C&C Energy GM 322-13
<input checked="" type="checkbox"/>	Operator Name: WPX ENERGY ROCKY MOUNTAIN LLC	Operator No: 96850
Delete Source	Location: QtrQtr: SWSW Section: 12 Township: 7S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WFCM 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: 07/28/2014

COGCC Approved: *Matthew*

Date: 11/28/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment Check List

Att Doc Num

Name

2363618	SOURCE OF PRODUCED WATER FOR DISPOSAL (Form 26)
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)