

# 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:

401621731

Date Received:

## 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: 95520

Name of Operator: WESCO OPERATING INC

Address: 120 S DURBIN STREET

City: CASPER

State: WY

Zip: 82602

Contact Name and Telephone:

Name: Tom Kirkwood

Phone: (307) 577-5328 Fax: (307) 265-1791

Email: tomk@kirkwoodcompanies.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150418

Operator's Disposal Facility Name: GOVERNMENT TRELEAVEN

Operator's Disposal Facility Number: 8

Location: QtrQtr: SWSW

Sec: 29

Twp: 5N

Range: 95W

Meridian: 6

County: MOFFAT

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5

Deleted: 0

Added: 5

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-081-05228-00	Well Name & No: TRELEAVEN-GOVERNMENT 3
	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source <input type="checkbox"/>	Location: QtrQtr: NESW Section: 32 Township: 5N Range: 95W Meridian: 6	
	Producing Formation: SRMP 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	
Add Source <input checked="" type="checkbox"/>	API Number: 05-081-05238-00	Well Name & No: GOVERNMENT TRELEAVEN 6
	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source <input type="checkbox"/>	Location: QtrQtr: SENE Section: 31 Township: 5N Range: 95W Meridian: 6	
	Producing Formation: SNDC 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: 11500 mg/L	
Add Source <input checked="" type="checkbox"/>	API Number: 05-081-05249-00	Well Name & No: GOV'T TRELEAVEN 4
	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source <input type="checkbox"/>	Location: QtrQtr: NENE Section: 31 Township: 5N Range: 95W Meridian: 6	
	Producing Formation: SRMP 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	
Add Source <input checked="" type="checkbox"/>	API Number: 05-081-06119-00	Well Name & No: GOV'T-TRELEAVEN 9
	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source <input type="checkbox"/>	Location: QtrQtr: SWNW Section: 32 Township: 5N Range: 95W Meridian: 6	
	Producing Formation: SRMP 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: 7290 mg/L	

Add Source	API Number: <u>05-081-06563-00</u>	Well Name & No: <u>GOV'T TRELEAVEN 11</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESCO OPERATING INC</u>	Operator No: <u>95520</u>
Delete Source	Location: QtrQtr: <u>NENE</u> Section: <u>31</u> Township: <u>5N</u> Range: <u>95W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>SRMP</u>	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: <u>5160</u> 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: Tom Kirkwood Signed: \_\_\_\_\_

Title: Engineer Date: \_\_\_\_\_

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401621810	WATER ANALYSIS
401621811	WATER ANALYSIS
401621813	WATER ANALYSIS

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)