

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	API Number: 05-081-05228-00	Well Name & No: TRELEAVEN-GOVERNMENT 3
<input checked="" type="checkbox"/>	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source	Location: QtrQtr: NESW Section: 32 Township: 5N Range: 95W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-081-05238-00	Well Name & No: GOVERNMENT TRELEAVEN 6
<input checked="" type="checkbox"/>	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source	Location: QtrQtr: SENE Section: 31 Township: 5N Range: 95W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-081-05249-00	Well Name & No: GOV'T TRELEAVEN 4
<input checked="" type="checkbox"/>	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source	Location: QtrQtr: NENE Section: 31 Township: 5N Range: 95W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-081-06119-00	Well Name & No: GOV'T-TRELEAVEN 9
<input checked="" type="checkbox"/>	Operator Name: WESCO OPERATING INC	Operator No: 95520
Delete Source	Location: QtrQtr: SWNW Section: 32 Township: 5N Range: 95W Meridian: 6	
<input type="checkbox"/>	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 <input checked="" type="checkbox"/>	API Number: 05-081-06563-00	Well Name & No: GOV'T TRELEAVEN 11
Delete Source <input type="checkbox"/>	Operator Name: WESCO OPERATING INC	Operator No: 95520
	Location: QtrQtr: NENE Section: 31 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: 5160 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)