

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401621731

Date Received:

04/26/2018

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 <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: 04/26/2018

COGCC Approved:  Date: 11/06/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name
401621731	FORM 26 SUBMITTED
401621810	WATER ANALYSIS
401621811	WATER ANALYSIS
401621813	WATER ANALYSIS

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)