

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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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: <u>95520</u>	Contact Name and Telephone:
Name of Operator: <u>WESCO OPERATING INC</u>	Name: <u>Tom Kirkwood</u>
Address: <u>120 S DURBIN STREET</u>	Phone: <u>(307) 577-5328</u> Fax: <u>(307) 265-1791</u>
City: <u>CASPER</u> State: <u>WY</u> Zip: <u>82602</u>	Email: <u>tomk@kirkwoodcompanies.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>150418</u>
Operator's Disposal Facility Name: <u>GOVERNMENT TRELEAVEN</u> Operator's Disposal Facility Number: <u>8</u>
Location: QtrQtr: <u>SWSW</u> Sec: <u>29</u> Twp: <u>5N</u> Range: <u>95W</u> Meridian: <u>6</u>
County: <u>MOFFAT</u>

SUBMITTED ITEM SUMMARY TOTALS:Submitted: 5 Deleted: 0 Added: 5**SOURCE OF PRODUCED WATER**

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

Add Source	<input checked="" type="checkbox"/>	API Number: <u>05-081-06563-00</u>	Well Name & No: <u>GOV'T TRELEAVEN 11</u>
Delete Source	<input type="checkbox"/>	Operator Name: <u>WESCO OPERATING INC</u>	Operator No: <u>95520</u>
		Location: QtrQtr: <u>NENE</u> Section: <u>31</u> Township: <u>5N</u> Range: <u>95W</u> Meridian: <u>6</u>	
		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: 04/26/2018

COGCC Approved: *Matthew* Date: 11/06/2018

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401621731	FORM 26 SUBMITTED
401621810	WATER ANALYSIS
401621811	WATER ANALYSIS
401621813	WATER ANALYSIS

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)