

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:

402311703

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: 95620

Name of Operator: WESTERN OPERATING COMPANY

Address: 1165 DELAWARE STREET #200

City: DENVER State: CO Zip: 80204

Contact Name and Telephone:

Name: Steven James

Phone: (303) 893-2438 Fax: (303) 629-5735

Email: steve@westernoperating.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159059

Operator's Disposal Facility Name: BUSY BEE D -SAND UNIT

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE Sec: 8 Twp: 3S Range: 60W Meridian: 6

County: ADAMS

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5 Deleted: 0 Added: 5

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-001-08867-00	Well Name & No: LINNEBUR 1
Delete Source <input type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
	Location: QtrQtr: SWSW Section: 5 Township: 3S Range: 60W Meridian: 6	
	Producing Formation: DSND 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: 05-001-09167-00	Well Name & No: LINNEBUR 6-43
Delete Source <input type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
	Location: QtrQtr: NESE Section: 6 Township: 3S Range: 60W Meridian: 6	
	Producing Formation: DSND 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: 05-001-09355-00	Well Name & No: LINNEBUR 6-33
Delete Source <input type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
	Location: QtrQtr: NWSE Section: 6 Township: 3S Range: 60W Meridian: 6	
	Producing Formation: DSND 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: 05-001-09373-00	Well Name & No: LINNEBUR 6-23
Delete Source <input type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
	Location: QtrQtr: NESW Section: 6 Township: 3S Range: 60W Meridian: 6	
	Producing Formation: DJSND 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: 05-001-09397-00	Well Name & No: LINNEBUR 6-13
Delete Source <input type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
	Location: QtrQtr: NWSW Section: 6 Township: 3S Range: 60W Meridian: 6	
	Producing Formation: DSND	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: Steven D James Signed: _____

Title: President 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>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)