

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

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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 | |
| | Operator Name: WESTERN OPERATING COMPANY | Operator No: 95620 | |
| Delete Source <input type="checkbox"/> | 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 | |
| | Operator Name: WESTERN OPERATING COMPANY | Operator No: 95620 | |
| Delete Source <input type="checkbox"/> | 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 | |
| | Operator Name: WESTERN OPERATING COMPANY | Operator No: 95620 | |
| Delete Source <input type="checkbox"/> | 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 | |
| | Operator Name: WESTERN OPERATING COMPANY | Operator No: 95620 | |
| Delete Source <input type="checkbox"/> | 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 | API Number: 05-001-09397-00 | Well Name & No: LINNEBUR 6-13 |
| <input checked="" type="checkbox"/> | Operator Name: WESTERN OPERATING COMPANY | Operator No: 95620 |
| Delete Source | Location: QtrQtr: NWSW Section: 6 Township: 3S Range: 60W Meridian: 6 | |
| <input type="checkbox"/> | 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)