| FORM 26 Rev 4/15 | **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: 402312584 |

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.

Date Received:

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: 159091

Operator's Disposal Facility Name: MESSENGER 1-26   Operator's Disposal Facility Number:

Location: QtrQtr: NENE   Sec: 26   Twp: 2N   Range: 58W   Meridian: 6

County: MORGAN

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3   Deleted: 0   Added: 3

SOURCE OF PRODUCED WATER

Add Source
☒

Delete Source
☐

API Number: 05-087-05587-00   Well Name & No: MESSENGER 3

Operator Name: WESTERN OPERATING COMPANY   Operator No: 95620

Location: QtrQtr: SESW   Section: 25   Township: 2N   Range: 58W   Meridian: 6

Producing Formation: DSND   Analysis Attached? ☐ Yes ☒ No

Transported to disposal site via ☒ Pipeline   ☐ Truck   ☐ Both   TDS:_____ mg/L

Add Source
☒

Delete Source
☐

API Number: 05-087-05602-00   Well Name & No: MESSENGER 2

Operator Name: WESTERN OPERATING COMPANY   Operator No: 95620

Location: QtrQtr: NESW   Section: 25   Township: 2N   Range: 58W   Meridian: 6

Producing Formation: DSND   Analysis Attached? ☐ Yes ☒ No

Transported to disposal site via ☒ Pipeline   ☐ Truck   ☐ Both   TDS:_____ mg/L

Add Source
☒

Delete Source
☐

API Number: 05-087-08147-00   Well Name & No: GLENN STATE 4-36

Operator Name: WESTERN OPERATING COMPANY   Operator No: 95620

Location: QtrQtr: NWNW   Section: 36   Township: 2N   Range: 58W   Meridian: 6

Producing Formation: DSND   Analysis Attached? ☐ Yes ☒ No

Transported to disposal site via ☒ Pipeline   ☐ Truck   ☐ 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 James   Signed:

Title: President   Date:

COGCC Approved: _____   Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)