

# 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

Date Received:

02/13/2020

## 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>95620</u> Name of Operator: <u>WESTERN OPERATING COMPANY</u> Address: <u>1165 DELAWARE STREET #200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80204</u>	Contact Name and Telephone: Name: <u>Steven James</u> Phone: <u>(303) 893-2438</u> Fax: <u>(303) 629-5735</u> Email: <u>steve@westernoperating.com</u>
---	---

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159091</u>	Operator's Disposal Facility Name: <u>MESSENGER 1-26</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>NENE</u> Sec: <u>26</u> Twp: <u>2N</u> Range: <u>58W</u> Meridian: <u>6</u>		
County: <u>MORGAN</u>		

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 3 Deleted: 0 Added: 3

### SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-087-05587-00</u>	Well Name & No: <u>MESSENGER 3</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>	
Delete Source	Location: QtrQtr: <u>SESW</u> Section: <u>25</u> Township: <u>2N</u> Range: <u>58W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>DSND</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: _____	mg/L
Add Source	API Number: <u>05-087-05602-00</u>	Well Name & No: <u>MESSENGER 2</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>	
Delete Source	Location: QtrQtr: <u>NESW</u> Section: <u>25</u> Township: <u>2N</u> Range: <u>58W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>DSND</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: _____	mg/L
Add Source	API Number: <u>05-087-08147-00</u>	Well Name & No: <u>GLENN STATE 4-36</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>	
Delete Source	Location: QtrQtr: <u>NWNW</u> Section: <u>36</u> Township: <u>2N</u> Range: <u>58W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	Producing Formation: <u>DSND</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: _____	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: 02/13/2020

COGCC Approved: [Signature] Date: 02/22/2022

**CONDITIONS OF APPROVAL, IF ANY:**

## Condition of Approval

**COA Type**

**Description**

COA Type	Description
0 COA	

## Attachment List

**Att Doc Num**

**Name**

Att Doc Num	Name
402312584	FORM 26 SUBMITTED

Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)