

State of Colorado Oil and Gas Conservation Commission

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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: 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	API Number: 05-087-05587-00	Well Name & No: MESSENGER 3
<input checked="" type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
Delete Source	Location: QtrQtr: SESW Section: 25 Township: 2N Range: 58W 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
Add Source	API Number: 05-087-05602-00	Well Name & No: MESSENGER 2
<input checked="" type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
Delete Source	Location: QtrQtr: NESW Section: 25 Township: 2N Range: 58W 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
Add Source	API Number: 05-087-08147-00	Well Name & No: GLENN STATE 4-36
<input checked="" type="checkbox"/>	Operator Name: WESTERN OPERATING COMPANY	Operator No: 95620
Delete Source	Location: QtrQtr: NWNW Section: 36 Township: 2N Range: 58W 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 James

Signed: _____

Title: President

Date: 02/13/2020

COGCC Approved:

Date: 02/22/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type**Description**

0 COA	

Attachment List

Att Doc Num**Name**

402312584	FORM 26 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group**Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)