

**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:  
**402310924**

Date Received:  
**02/12/2020**

**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>95520</u>	Contact Name and Telephone:
Name of Operator: <u>WESCO OPERATING INC</u>	Name: <u>Tom Kirkwood</u>
Address: <u>120 S DURBIN STREET</u>	Phone: <u>(307) 577-5328</u> Fax: <u>(307) 265-1791</u>
City: <u>CASPER</u> State: <u>WY</u> Zip: <u>82602</u>	Email: <u>tomk@kirkwoodcompanies.com</u>

**DISPOSAL FACILITY INFORMATION**

UIC Facility ID: 150418

Operator's Disposal Facility Name: GOVERNMENT TRELEAVEN Operator's Disposal Facility Number: 8

Location: QtrQtr: SWSW Sec: 29 Twp: 5N Range: 95W Meridian: 6

County: MOFFAT

**SUBMITTED ITEM SUMMARY TOTALS:**

Submitted: 1 Deleted: 0 Added: 1

**SOURCE OF PRODUCED WATER**

Add Source	API Number: <u>05-081-05249-00</u>	Well Name & No: <u>GOV'T TRELEAVEN 4</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESCO OPERATING INC</u>	Operator No: <u>95520</u>
Delete Source	Location: QtrQtr: <u>NENE</u> Section: <u>31</u> Township: <u>5N</u> Range: <u>95W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>MNKP</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: Tom Kirkwood Signed: \_\_\_\_\_  
Title: Engineer Date: 02/12/2020

OGCC Approved: *[Signature]* Date: 10/19/2022

**CONDITIONS OF APPROVAL, IF ANY:**

COA Type	Description
0 COA	

**Attachment List**

Att Doc Num	Name
402310924	FORM 26 SUBMITTED

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)