

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

402311703

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: 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                          | API Number: 05-001-08867-00  | Well Name & No: LINNEBUR 1    |
| <input checked="" type="checkbox"/> | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620            |
| Delete Source                       | Location: QtrQtr: SWSW Section: 5 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 |                               |
| Add Source                          | API Number: 05-001-09167-00  | Well Name & No: LINNEBUR 6-43 |
| <input checked="" type="checkbox"/> | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620            |
| Delete Source                       | Location: QtrQtr: NESE 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 |                               |
| Add Source                          | API Number: 05-001-09355-00  | Well Name & No: LINNEBUR 6-33 |
| <input checked="" type="checkbox"/> | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620            |
| Delete Source                       | Location: QtrQtr: NWSE 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 |                               |
| Add Source                          | API Number: 05-001-09373-00  | Well Name & No: LINNEBUR 6-23 |
| <input checked="" type="checkbox"/> | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620            |
| Delete Source                       | Location: QtrQtr: NESW Section: 6 Township: 3S Range: 60W Meridian: 6  |                               |
| <input type="checkbox"/>            | 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<br><input checked="" type="checkbox"/> | API Number: 05-001-09397-00  | Well Name & No: LINNEBUR 6-13  |
| Delete Source<br><input type="checkbox"/>         | Operator Name: WESTERN OPERATING COMPANY   | Operator No: 95620   |
|   | Location: QtrQtr: NWSW 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  |

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: 02/13/2020

COGCC Approved:  Date: 10/19/2022

**CONDITIONS OF APPROVAL, IF ANY:**

| COA Type | Description |
|----------|-------------|
| 0 COA    |             |

**Attachment List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 402311703   | FORM 26 SUBMITTED |

Total Attach: 1 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)