

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

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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>
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DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159059</u>	Operator's Disposal Facility Name: <u>BUSY BEE D -SAND UNIT</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNE</u> Sec: <u>8</u> Twp: <u>3S</u> Range: <u>60W</u> Meridian: <u>6</u>		
County: <u>ADAMS</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 5 Deleted: 0 Added: 5

SOURCE OF PRODUCED WATER

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

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)