

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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402312209

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>
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DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159135</u>	Operator's Disposal Facility Name: <u>GROOMS 1-12</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNE</u> Sec: <u>12</u> Twp: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>		
County: <u>WASHINGTON</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-121-07044-00</u>	Well Name & No: <u>XENIA WEST UNIT 3-2</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</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>05-121-07048-00</u>	Well Name & No: <u>XENIA WEST UNIT 3-3</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</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>05-121-07049-00</u>	Well Name & No: <u>XENIA WEST UNIT 4-4</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</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>05-121-10699-00</u>	Well Name & No: <u>XENIA WEST UNIT 3-3X</u>
<input checked="" type="checkbox"/>	Operator Name: <u>WESTERN OPERATING COMPANY</u>	Operator No: <u>95620</u>
Delete Source	Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>54W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</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:  Date: 10/19/2022

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
0 COA	

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402312209	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)