

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:

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: 95620	Contact Name and Telephone:
Name of Operator: WESTERN OPERATING COMPANY	Name: Steven James
Address: 1165 DELAWARE STREET #200	Phone: (303) 893-2438 Fax: (303) 629-5735
City: DENVER State: CO Zip: 80204	Email: steve@westernoperating.com

DISPOSAL FACILITY INFORMATION

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

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

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