

State of Colorado Oil and Gas Conservation Commission

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Date Received:

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: 17180

Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

Contact Name and Telephone:

Name: Lee Ann Elsom

Phone: (281) 891-1577 Fax: (281) 580-2168

Email: lelsom@cogc.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 290455

Operator's Disposal Facility Name: JACE UNIT

Operator's Disposal Facility Number:

Location: QtrQtr: SWSE Sec: 1 Twp: 18S Range: 42W Meridian: 6

County: KIOWA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-061-06557-00	Well Name & No: SCHNEIDER 44-1 2
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: SESE Section: 1 Township: 18S Range: 42W Meridian: 6	
	Producing Formation: MRRW	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: 05-061-06589-00	Well Name & No: PIERSON 1-1
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NESW Section: 1 Township: 18S Range: 42W Meridian: 6	
	Producing Formation: MRRW	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: 05-061-06597-00	Well Name & No: PIERSON 13-1 2
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NWSW Section: 1 Township: 18S Range: 42W Meridian: 6	
	Producing Formation: MRRW	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: 05-061-06629-00	Well Name & No: GARY 43-2 2
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NESE Section: 2 Township: 18S Range: 42W Meridian: 6	
	Producing Formation: MRRW	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: Lee Ann Elsom Signed: _____

Title: Mgr Regulatory Compliance Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)