

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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## 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>17180</u> Name of Operator: <u>CITATION OIL &amp; GAS CORP</u> Address: <u>14077 CUTTEN RD</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	Contact Name and Telephone: Name: <u>Lee Ann Elsom</u> Phone: <u>(281) 891-1577</u> Fax: <u>(281) 580-2168</u> Email: <u>lelson@cogc.com</u>
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### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>290455</u>	Operator's Disposal Facility Name: <u>JACE UNIT</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWSE</u> Sec: <u>1</u> Twp: <u>18S</u> Range: <u>42W</u> Meridian: <u>6</u>		
County: <u>KIOWA</u>		

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

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