

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 17180

Name of Operator: CITATION OIL &amp; 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: 159177

Operator's Disposal Facility Name: ARCO-SINDT 6-15

Operator's Disposal Facility Number:

Location: QtrQtr: SWSE Sec: 6 Twp: 9N Range: 52W Meridian: 6

County: LOGAN

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 17 Deleted: 0 Added: 17

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-075-06603-00	Well Name & No: ARTHUR SINDT 4
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NENE Section: 7 Township: 9N Range: 52W Meridian: 6	
	Producing Formation: OSND 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: 05-075-06620-00	Well Name & No: W E DICKINSON 3
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: SWSW Section: 6 Township: 9N Range: 52W Meridian: 6	
	Producing Formation: OSND 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: 05-075-06625-00	Well Name & No: W E DICKINSON 1
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NESW Section: 6 Township: 9N Range: 52W Meridian: 6	
	Producing Formation: OSND 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: 05-075-06653-00	Well Name & No: FRANCIS PARKE 1
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NWNE Section: 6 Township: 9N Range: 52W Meridian: 6	
	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	

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-075-06653-00</u> Well Name & No: <u>FRANCIS PARKE 1</u> Operator Name: <u>CITATION OIL &amp; GAS CORP</u> Operator No: <u>17180</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>OSND</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>05-075-06658-00</u> Well Name & No: <u>SINDT 1</u> Operator Name: <u>CITATION OIL &amp; GAS CORP</u> Operator No: <u>17180</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-075-06658-00</u> Well Name & No: <u>SINDT 1</u> Operator Name: <u>CITATION OIL &amp; GAS CORP</u> Operator No: <u>17180</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>OSND</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>05-075-06675-00</u> Well Name & No: <u>ARTHUR SINDT 8</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>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>OSND</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>05-075-06680-00</u> Well Name & No: <u>ARTHUR SINDT 5</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>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>OSND</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>05-075-08596-00</u> Well Name & No: <u>ARTHUR SINDT 10</u> Operator Name: <u>CITATION OIL &amp; GAS CORP</u> Operator No: <u>17180</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWSE</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>OSND</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>05-075-09326-00</u> Well Name & No: <u>DUBOIS 5</u> Operator Name: <u>CITATION OIL &amp; GAS CORP</u> Operator No: <u>17180</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NENW</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>OSND</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>05-075-09333-00</u> Well Name & No: <u>FLUHARTY 1</u> Operator Name: <u>CITATION OIL &amp; GAS CORP</u> Operator No: <u>17180</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u> Producing Formation: <u>J-O</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>05-075-09340-00</u>	Well Name & No: <u>SINDT 13</u>	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u>	Producing Formation: <u>OSND</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>05-075-09342-00</u>	Well Name & No: <u>DICKINSON 6</u>	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>	Producing Formation: <u>OSND</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>05-075-09344-00</u>	Well Name & No: <u>DUBOIS 6</u>	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>	Producing Formation: <u>OSND</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>05-075-09365-00</u>	Well Name & No: <u>DUBOIS 7H</u>	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWSE</u> Section: <u>6</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>	Producing Formation: <u>OSND</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>05-075-09370-00</u>	Well Name & No: <u>SINDT 14H</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>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u>	Producing Formation: <u>OSND</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)