

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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03/09/2020

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: 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: 160020

Operator's Disposal Facility Name: Padroni West Unit

Operator's Disposal Facility Number:

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

County: LOGAN

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 15 Deleted: 0 Added: 15

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-075-06603-00	Well Name & No: ARTHUR SINDT 4
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NENE Section: 7 Township: 9N Range: 52W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-075-06620-00	Well Name & No: W E DICKINSON 3
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: SWSW Section: 6 Township: 9N Range: 52W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-075-06625-00	Well Name & No: W E DICKINSON 1
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NESW Section: 6 Township: 9N Range: 52W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-075-06653-00	Well Name & No: FRANCIS PARKE 1
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NWNE Section: 6 Township: 9N Range: 52W Meridian: 6	
<input type="checkbox"/>	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: <u>05-075-06658-00</u> Well Name & No: <u>SINDT 1</u> Operator Name: <u>CITATION OIL & 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>05-075-06675-00</u> Well Name & No: <u>ARTHUR SINDT 8</u> Operator Name: <u>CITATION OIL & 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 & 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 & 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 & 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 & 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>05-075-09340-00</u> Well Name & No: <u>SINDT 13</u> Operator Name: <u>CITATION OIL & 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 & 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 & 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 & 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 & 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: 03/09/2020

COGCC Approved:  Date: 12/03/2020

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402336461	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)