

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

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: <u>17180</u> Name of Operator: <u>CITATION OIL & 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>lansom@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	API Number: <u>05-061-06557-00</u>	Well Name & No: <u>SCHNEIDER 44-1 2</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source	Location: QtrQtr: <u>SESE</u> Section: <u>1</u> Township: <u>18S</u> Range: <u>42W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	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	API Number: <u>05-061-06589-00</u>	Well Name & No: <u>PIERSON 1-1</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source	Location: QtrQtr: <u>NESW</u> Section: <u>1</u> Township: <u>18S</u> Range: <u>42W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	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	API Number: <u>05-061-06597-00</u>	Well Name & No: <u>PIERSON 13-1 2</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source	Location: QtrQtr: <u>NWSW</u> Section: <u>1</u> Township: <u>18S</u> Range: <u>42W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	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	API Number: <u>05-061-06629-00</u>	Well Name & No: <u>GARY 43-2 2</u>	
<input checked="" type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>	
Delete Source	Location: QtrQtr: <u>NESE</u> Section: <u>2</u> Township: <u>18S</u> Range: <u>42W</u> Meridian: <u>6</u>		
<input type="checkbox"/>	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: 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>
402336491	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)