

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: 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	API Number: 05-061-06557-00	Well Name & No: SCHNEIDER 44-1 2
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: SESE Section: 1 Township: 18S Range: 42W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-061-06589-00	Well Name & No: PIERSON 1-1
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NESW Section: 1 Township: 18S Range: 42W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-061-06597-00	Well Name & No: PIERSON 13-1 2
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NWSW Section: 1 Township: 18S Range: 42W Meridian: 6	
<input type="checkbox"/>	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	API Number: 05-061-06629-00	Well Name & No: GARY 43-2 2
<input checked="" type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NESE Section: 2 Township: 18S Range: 42W Meridian: 6	
<input type="checkbox"/>	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: 03/09/2020

COGCC Approved:  _____

Date: 12/03/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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Attachment List

Att Doc Num

Name

402336491	FORM 26 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)