



State of Colorado
Oil and Gas Conservation Commission



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

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FOR OGCC USE ONLY
APR 13 06
COGCC

SOURCE OF PRODUCED WATER FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

Complete the Attachment Checklist

OGCC Operator Number: <u>17180</u>	Contact Name and Telephone: <u>Sharon Ward</u>
Name of Operator: <u>Citation Oil & Gas Corp.</u>	No: <u>281-517-7309</u>
Address: <u>P O Box 690688</u>	Fax: <u>281-469-9667</u>
City: <u>Houston</u> State: <u>Texas</u> Zip: <u>77269</u>	

Chemical Analysis of fluid	Oper	OGCC

OGCC Disposal Facility Number: 399 159177

Operator's Disposal Facility Name: Arco-Sindt Operator's Disposal Facility Number: 6-15

Location (QtrQtr, Sec, Twp, Rng, Meridian): SW SE Section 6-T9N-R52W, 6TH PM

Address: _____

City: _____ State: _____ Zip: _____ County: Logan

If more space is required, attach additional sheet.

Add Source: OGCC Lease No: _____ API No: 075-09326 Well Name & No: Dubois #5
 Operator Name: Citation Oil & Gas Corp. Operator No: 17180

Delete Source: Location: QtrQtr: NE NW Section: 7 Township: 9N Range: 52W Producing Formation: 0 Sand
 Analysis Attached? Yes No Transported to disposal site via: Pipeline Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: 075-09344 Well Name & No: Dubois #6
 Operator Name: Citation Oil & Gas Corp. Operator No: 17180

Delete Source: Location: QtrQtr: NW NE Section: 7 Township: 9N Range: 52W Producing Formation: 0 Sand
 Analysis Attached? Yes No Transported to disposal site via: Pipeline Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
 Operator Name: _____ Operator No: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
 Analysis Attached? Yes No Transported to disposal site via: Pipeline Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
 Operator Name: _____ Operator No: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
 Analysis Attached? Yes No Transported to disposal site via: Pipeline Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
 Operator Name: _____ Operator No: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
 Analysis Attached? Yes No Transported to disposal site via: Pipeline Truck TDS: _____

Add Source: OGCC Lease No: _____ API No: _____ Well Name & No: _____
 Operator Name: _____ Operator No: _____

Delete Source: Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
 Analysis Attached? Yes No Transported to disposal site via: Pipeline Truck TDS: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sharon Ward Signed: _____

Title: permitting Manager Date: 4/7/06

OGCC Approved: [Signature] Title: ENGINEERING MANAGER Date: 5/14/01

CONDITIONS OF APPROVAL, IF ANY: