

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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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 &amp; 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>	


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

Oper OGCC	
Chemical Analysis of fluid	
	

If more space is required,  
attach additional sheet.

<b>Add Source:</b>	OGCC Lease No: _____ API No: <u>075-09326</u> Well Name & No: <u>Dubois #5</u>
<input type="checkbox"/>	Operator Name: <u>Citation Oil &amp; Gas Corp.</u> Operator No: <u>17180</u>
<b>Delete Source:</b>	Location: QtrQtr: <u>NE NW</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Producing Formation: <u>O Sand</u>
<input type="checkbox"/>	Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via: <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck TDS: _____

<b>Add Source:</b>	OGCC Lease No: _____ API No: <u>075-09344</u> Well Name & No: <u>Dubois #6</u>
<input type="checkbox"/>	Operator Name: <u>Citation Oil &amp; Gas Corp.</u> Operator No: <u>17180</u>
<b>Delete Source:</b>	Location: QtrQtr: <u>NW NE</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Producing Formation: <u>O Sand</u>
<input type="checkbox"/>	Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via: <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck TDS: _____

<b>Add Source:</b>	OGCC Lease No: _____ API No: _____ Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____ Operator No: _____
<b>Delete Source:</b>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck TDS: _____

<b>Add Source:</b>	OGCC Lease No: _____ API No: _____ Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____ Operator No: _____
<b>Delete Source:</b>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck TDS: _____

<b>Add Source:</b>	OGCC Lease No: _____ API No: _____ Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____ Operator No: _____
<b>Delete Source:</b>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck TDS: _____

<b>Add Source:</b>	OGCC Lease No: _____ API No: _____ Well Name & No: _____
<input type="checkbox"/>	Operator Name: _____ Operator No: _____
<b>Delete Source:</b>	Location: QtrQtr: _____ Section: _____ Township: _____ Range: _____ Producing Formation: _____
<input type="checkbox"/>	Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Transported to disposal site via: <input type="checkbox"/> Pipeline <input type="checkbox"/> 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: 5/14/07

CONDITIONS OF APPROVAL, IF ANY: