

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404016559

Date Received:
01/24/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 17180
Name of Operator: CITATION OIL & GAS CORP
Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77069

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Goncalves, Steffy</u>		<u>SGoncalves@cogc.com</u>
<u>Sanchez, Chris</u>		<u>chris.sanchez@state.co.us</u>
<u>Redweik, Bob</u>	<u>(281) 891-1550</u>	<u>bredweik@cogc.com</u>
<u>CITATON</u>		<u>ENV-CODNR@cogc.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713601395
Inspection Date: 08/28/2024 FIR Submit Date: 08/29/2024 FIR Status: _____

Inspected Operator Information:

Company Name: CITATION OIL & GAS CORP Company Number: 17180
Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77069

LOCATION - Location ID: 321663

Location Name: ARAPAHOE UNIT-614S42W Number: 27NESW County: CHEYENNE
Qtrqr: NESW Sec: 27 Twp: 14S Range: 42W Meridian: 6
Latitude: 38.803832 Longitude: -102.102108

FACILITY - API Number: 05-017-00 Facility ID: 207719

Facility Name: ARAPAHOE UNIT Number: 141 (23-27)
Qtrqr: NESW Sec: 27 Twp: 14S Range: 42W Meridian: 6
Latitude: 38.803832 Longitude: -102.102108

CORRECTIVE ACTIONS:

1 CA# 198105

Corrective Action: Submit Form 19 to report historic spill of impacted material and Contact ECMC EPS staff per Rule 912.b. Date: 09/05/2024

Response: CA COMPLETED Date of Completion: 10/31/2024

F19 Initial submitted 10/31/2024, ECMC approved on 11/4/2024. Work proceeding under Spill/Release Point ID:

Operator: 488400
Comment: Confirmation samples were collected at the location to demonstrate complinace with Table 915-1 on 11/26/2024
Analytical results confirm no impacts exist for Table 915-1 constituents.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Joel Mason

Signed: _____

Title: Agent

Date: 1/24/2025 2:03:59 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
404016559	FIR RESOLUTION SUBMITTED
404068776	Photo Documentation

Total Attach: 2 Files