

# State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

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



FOR ECMC USE ONLY

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## 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

ECMC Operator Number: 17180

Name of Operator: CITATION OIL &amp; GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON

State: TX

Zip: 77069

Contact Name and Telephone:

Name: Jana Seeton

Phone: (817) 6885819

Fax: ( )

Email: jseeton@cogc.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159178

Operator's Disposal Facility Name: SINDT ARTHUR #2 WD

Operator's Disposal Facility Number:

Location: QtrQtr: SESW

Sec: 31

Twp: 10N

Range: 52W

Meridian: 6

County: LOGAN

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6

Deleted: 6

Added: 0

### SOURCE OF PRODUCED WATER

Add Source ☐ API Number: 05-075-06620-00 Well Name & No: W E DICKINSON 3  
 Operator Name: CITATION OIL & GAS CORP Operator No: 17180  
 Delete Source ☒ Location: QtrQtr: SWSW Section: 6 Township: 9N Range: 52W Meridian: 6  
 Producing Formation: OSND Analysis Attached? ☐ Yes ☐ No  
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source ☐ API Number: 05-075-06653-00 Well Name & No: FRANCIS PARKE 1  
 Operator Name: CITATION OIL & GAS CORP Operator No: 17180  
 Delete Source ☒ Location: QtrQtr: NWNE Section: 6 Township: 9N Range: 52W Meridian: 6  
 Producing Formation: DSND Analysis Attached? ☐ Yes ☐ No  
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source ☐ API Number: 05-075-06653-00 Well Name & No: FRANCIS PARKE 1  
 Operator Name: CITATION OIL & GAS CORP Operator No: 17180  
 Delete Source ☒ Location: QtrQtr: NWNE Section: 6 Township: 9N Range: 52W Meridian: 6  
 Producing Formation: OSND Analysis Attached? ☐ Yes ☐ No  
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source ☐ API Number: 05-075-06658-00 Well Name & No: SINDT 1  
 Operator Name: CITATION OIL & GAS CORP Operator No: 17180  
 Delete Source ☒ Location: QtrQtr: SESW Section: 31 Township: 10N Range: 52W Meridian: 6  
 Producing Formation: JSND Analysis Attached? ☐ Yes ☐ No  
 Transported to disposal site via ☐ Pipeline ☐ Truck ☐ Both TDS: \_\_\_\_\_ mg/L

Add Source <input type="checkbox"/>	API Number: <u>05-075-06658-00</u>	Well Name & No: <u>SINDT 1</u>
	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>	Operator No: <u>17180</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u>	
	Producing Formation: <u>OSND</u> Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

  

Add Source <input type="checkbox"/>	API Number: <u>05-075-09344-00</u>	Well Name & No: <u>DUBOIS 6</u>
	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>	Operator No: <u>17180</u>
Delete Source <input checked="" type="checkbox"/>	Location: QtrQtr: <u>NWNE</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>	
	Producing Formation: <u>OSND</u> Analysis Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input 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: Kurt Seeton Signed: \_\_\_\_\_

Title: Compliance Specialist Date: \_\_\_\_\_

ECMC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY LIST**

<u>COA Type</u>	<u>Description</u>
0 COA	

**ATTACHMENT LIST**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)