

State of Colorado Energy & Carbon Management Commission

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FOR ECMC USE ONLY

Document Number:

404202002

Date Received:

05/13/2025

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 & 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

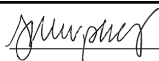
Add Source	API Number: 05-075-06620-00	Well Name & No: W E DICKINSON 3
<input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: SWSW Section: 6 Township: 9N Range: 52W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: OSND Analysis Attached? <input type="checkbox"/> Yes <input 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: 05-075-06653-00	Well Name & No: FRANCIS PARKE 1
<input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NWNE Section: 6 Township: 9N Range: 52W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: DSND Analysis Attached? <input type="checkbox"/> Yes <input 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: 05-075-06653-00	Well Name & No: FRANCIS PARKE 1
<input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NWNE Section: 6 Township: 9N Range: 52W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: OSND Analysis Attached? <input type="checkbox"/> Yes <input 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: 05-075-06658-00	Well Name & No: SINDT 1
<input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: SESW Section: 31 Township: 10N Range: 52W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: JSND Analysis Attached? <input type="checkbox"/> Yes <input 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: <u>05-075-06658-00</u>	Well Name & No: <u>SINDT 1</u>
<input type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>
Delete Source	Location: QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>10N</u> Range: <u>52W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>OSND</u> Analysis Attached? <input type="checkbox"/> Yes <input 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: <u>05-075-09344-00</u>	Well Name & No: <u>DUBOIS 6</u>
<input type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>
Delete Source	Location: QtrQtr: <u>NWNE</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>OSND</u> Analysis Attached? <input type="checkbox"/> Yes <input 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: Kurt Seeton Signed: _____
 Title: Compliance Specialist Date: 05/13/2025

ECMC Approved:  Date: 06/06/2025

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>
404202002	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)