

# State of Colorado Oil and Gas Conservation Commission

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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

OGCC Operator Number: 17180

Name of Operator: CITATION OIL &amp; GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

Contact Name and Telephone:

Name: Lee Ann Elsom

Phone: (281) 891-1577 Fax: (281) 580-2168

Email: lelsom@cogc.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159140

Operator's Disposal Facility Name: ARAPAHOE UNIT 127

Operator's Disposal Facility Number:

Location: QtrQtr: SESE Sec: 25 Twp: 14S Range: 42W Meridian: 6

County: CHEYENNE

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: 05-017-06739-00	Well Name & No: ARAPAHOE UNIT 128 (34-25)
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: SWSE Section: 25 Township: 14S Range: 42W Meridian: 6	
	Producing Formation: MRRW	Analysis Attached? <input type="checkbox"/> Yes <input checked="" 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 <input checked="" type="checkbox"/>	API Number: 05-017-06755-00	Well Name & No: ARAPAHOE UNIT 129(24-25)
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: SESW Section: 25 Township: 14S Range: 42W Meridian: 6	
	Producing Formation: MRRW	Analysis Attached? <input type="checkbox"/> Yes <input checked="" 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 <input checked="" type="checkbox"/>	API Number: 05-017-06757-00	Well Name & No: ARAPAHOE UNIT 125 (41-36)
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: NENE Section: 36 Township: 14S Range: 42W Meridian: 6	
	Producing Formation: MRRW	Analysis Attached? <input type="checkbox"/> Yes <input checked="" 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 <input checked="" type="checkbox"/>	API Number: 05-017-06772-00	Well Name & No: ARAPAHOE UNIT 130(14-25)
Delete Source <input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
	Location: QtrQtr: SWSW Section: 25 Township: 14S Range: 42W Meridian: 6	
	Producing Formation: MRRW	Analysis Attached? <input type="checkbox"/> Yes <input checked="" 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: Lee Ann Elsom Signed: \_\_\_\_\_

Title: Mgr Regulatory Compliance Date: \_\_\_\_\_

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

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

**Attachment Check 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)