

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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03/09/2020

## 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: <u>17180</u> Name of Operator: <u>CITATION OIL &amp; GAS CORP</u> Address: <u>14077 CUTTEN RD</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	Contact Name and Telephone: Name: <u>Lee Ann Elsom</u> Phone: <u>(281) 891-1577</u> Fax: <u>(281) 580-2168</u> Email: <u>lelsom@cogc.com</u>
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### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159140</u>	Operator's Disposal Facility Name: <u>ARAPAHOE UNIT 127</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SESE</u> Sec: <u>25</u> Twp: <u>14S</u> Range: <u>42W</u> Meridian: <u>6</u>		
County: <u>CHEYENNE</u>		

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

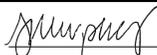
### SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-017-06739-00</u>	Well Name & No: <u>ARAPAHOE UNIT 128 (34-25)</u>	Operator No: <u>17180</u>	
	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>			
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>14S</u> Range: <u>42W</u> Meridian: <u>6</u>	Producing Formation: <u>MRRW</u> 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: <u>05-017-06755-00</u>	Well Name & No: <u>ARAPAHOE UNIT 129(24-25)</u>	Operator No: <u>17180</u>	
	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>			
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SESW</u> Section: <u>25</u> Township: <u>14S</u> Range: <u>42W</u> Meridian: <u>6</u>	Producing Formation: <u>MRRW</u> 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: <u>05-017-06757-00</u>	Well Name & No: <u>ARAPAHOE UNIT 125 (41-36)</u>	Operator No: <u>17180</u>	
	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>			
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NENE</u> Section: <u>36</u> Township: <u>14S</u> Range: <u>42W</u> Meridian: <u>6</u>	Producing Formation: <u>MRRW</u> 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: <u>05-017-06772-00</u>	Well Name & No: <u>ARAPAHOE UNIT 130(14-25)</u>	Operator No: <u>17180</u>	
	Operator Name: <u>CITATION OIL &amp; GAS CORP</u>			
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWSW</u> Section: <u>25</u> Township: <u>14S</u> Range: <u>42W</u> Meridian: <u>6</u>	Producing Formation: <u>MRRW</u> 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: 03/09/2020

COGCC Approved:  Date: 12/03/2020

**CONDITIONS OF APPROVAL, IF ANY:**

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

**Attachment List**

<u>Att Doc Num</u>	<u>Name</u>
402336512	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)