

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

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



FOR OGCC USE ONLY

Document Number:

402336512

Date Received:

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: 17180

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