

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

403000184

Date Received:

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: 77069

Contact Name and Telephone:

Name: Ron Schultz

Phone: (281) 8911559 Fax: ()

Email: rschultz@cogc.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 290455

Operator's Disposal Facility Name: JACE UNIT

Operator's Disposal Facility Number:

Location: QtrQtr: SWSE Sec: 1 Twp: 18S Range: 42W Meridian: 6

County: KIOWA

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 4 Added: 0

SOURCE OF PRODUCED WATER

| | | |
|-------------------------------------|--|----------------------------------|
| Add Source | API Number: 05-061-06557-00 | Well Name & No: SCHNEIDER 44-1 2 |
| <input type="checkbox"/> | Operator Name: CITATION OIL & GAS CORP | Operator No: 17180 |
| Delete Source | Location: QtrQtr: SESE Section: 1 Township: 18S Range: 42W Meridian: 6 | |
| <input checked="" 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: 05-061-06589-00 | Well Name & No: PIERSON 1-1 |
| <input type="checkbox"/> | Operator Name: CITATION OIL & GAS CORP | Operator No: 17180 |
| Delete Source | Location: QtrQtr: NESW Section: 1 Township: 18S Range: 42W Meridian: 6 | |
| <input checked="" 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: 05-061-06597-00 | Well Name & No: PIERSON 13-1 2 |
| <input type="checkbox"/> | Operator Name: CITATION OIL & GAS CORP | Operator No: 17180 |
| Delete Source | Location: QtrQtr: NWSW Section: 1 Township: 18S Range: 42W Meridian: 6 | |
| <input checked="" 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: 05-061-06629-00 | Well Name & No: GARY 43-2 2 |
| <input type="checkbox"/> | Operator Name: CITATION OIL & GAS CORP | Operator No: 17180 |
| Delete Source | Location: QtrQtr: NESE Section: 2 Township: 18S Range: 42W Meridian: 6 | |
| <input checked="" 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: Ron Schultz Signed: _____

Title: Manager Reg Compliance Date: _____

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| | |

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| 403001259 | OTHER |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)