

# 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:

403000184

Date Received:

03/31/2022

## 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>77069</u>	Contact Name and Telephone: Name: <u>Ron Schultz</u> Phone: <u>(281) 8911559</u> Fax: <u>( )</u> Email: <u>rschultz@cogc.com</u>
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### DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>290455</u>	Operator's Disposal Facility Name: <u>JACE UNIT</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWSE</u> Sec: <u>1</u> Twp: <u>18S</u> Range: <u>42W</u> Meridian: <u>6</u>		
County: <u>KIOWA</u>		

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 4 Added: 0

### SOURCE OF PRODUCED WATER

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

Title: Manager Reg Compliance Date: 03/31/2022

COGCC Approved:  Date: 10/19/2022

**CONDITIONS OF APPROVAL, IF ANY:**

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

**Attachment List**

<u>Att Doc Num</u>	<u>Name</u>
403000184	FORM 26 SUBMITTED
403001259	OTHER

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)