

State of Colorado
Energy & Carbon Management Commission



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FOR ECMC USE ONLY

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Date Received:

05/13/2025

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

ECMC Operator Number: <u>17180</u>	Contact Name and Telephone:
Name of Operator: <u>CITATION OIL & GAS CORP</u>	Name: <u>Jana Seeton</u>
Address: <u>14077 CUTTEN RD</u>	Phone: <u>(817) 6885819</u> Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77069</u>	Email: <u>jseeton@cogc.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159177

Operator's Disposal Facility Name: ARCO-SINDT 6-15 Operator's Disposal Facility Number: _____

Location: QtrQtr: SWSE Sec: 6 Twp: 9N Range: 52W Meridian: 6

County: LOGAN

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 1 Deleted: 1 Added: 0

SOURCE OF PRODUCED WATER

Add Source	API Number: <u>05-075-09344-00</u>	Well Name & No: <u>DUBOIS 6</u>
<input type="checkbox"/>	Operator Name: <u>CITATION OIL & GAS CORP</u>	Operator No: <u>17180</u>
Delete Source	Location: QtrQtr: <u>NWNE</u> Section: <u>7</u> Township: <u>9N</u> Range: <u>52W</u> Meridian: <u>6</u>	
<input checked="" type="checkbox"/>	Producing Formation: <u>OSND</u> Analysis Attached? <input type="checkbox"/> Yes <input 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: Kurt Seeton Signed: _____

Title: Compliance Specialist Date: 05/13/2025

ECMC Approved: *[Signature]* Date: 06/06/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type	Description
0 COA	

ATTACHMENT LIST

Att Doc Num	Name
404201988	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

