

State of Colorado  
Energy & Carbon Management Commission

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FOR ECMC USE ONLY

Document Number:

404201988

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: 17180

Name of Operator: CITATION OIL &amp; GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77069

Contact Name and Telephone:

Name: Jana Seeton

Phone: (817) 6885819 Fax: ( )

Email: jseeton@cogc.com

**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: 05-075-09344-00	Well Name & No: DUBOIS 6
<input type="checkbox"/>	Operator Name: CITATION OIL & GAS CORP	Operator No: 17180
Delete Source	Location: QtrQtr: NWNE Section: 7 Township: 9N Range: 52W Meridian: 6	
<input checked="" type="checkbox"/>	Producing Formation: OSND	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:

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)

