

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109				DE	ET	OE	ES
	FIELD INSPECTION FORM				Inspection Date: <u>11/07/2011</u> Document Number: <u>663900062</u> Overall Inspection: <u>Satisfactory</u>			
Location Identifier	API Number	Facility ID	Loc ID	Tracking Type				
	<u>017-06739</u>	<u>207804</u>	<u>321695</u>					
Facility Name: <u>ARAPAHOE UNIT 128 (34-25)</u>				Inspector Name: <u>QUINT, CRAIG</u>				

Operator Information:

OGCC Operator Number: 17180 Name of Operator: CITATION OIL & GAS CORP
 Address: PO BOX 690688
 City: HOUSTON State: TX Zip: 77269

Contact Information:

Contact Name	Phone	Email	Comment
Kennedy, Hershel	719-767-8851 off	hkennedy@cogc.com	719-340-1150 cell
Harris, Debra	281-891-1000 off	Dharris@cogc.com	

Compliance Summary:

QtrQtr: SWSE Sec: 25 Twp: 14S Range: 42W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/09/1996	500139279	PR	PR			P	N
08/29/1997	500139280	PR	PR			P	N
05/01/1995	500139278	PR	PR			P	Y
07/02/1999	948150	PR	PR			P	N
03/27/2001	200015969	PR	PR	S	I	P	N
10/07/2011	200326331	PR	PR	S			N
01/08/2010	200226521	PR	PR	S			N
01/24/2007	200103162	PR	PR	S		P	N

Inspector Comment:

M.I.T. WELL CONVERTED TO INJECTION.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
207804	WELL	PR	12/01/1989	OW	017-06739

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
ADEQ	Satisfactory	GRAVEL ROAD		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____
 Comment: _____
 Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PANELS AROUND WELLHEAD AND UNIT		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			
Pump Jack	1	Satisfactory	LUFKIN		
Prime Mover	1	Satisfactory	ELEC MOTOR		
Ancillary equipment	3	Satisfactory	ELEC PANEL, CATHOTIC RECTIFIER, TELEMETRY EQUIPMENT		

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 321695

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment:

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: 207804 API Number: 017-06739 Status: PR Insp. Status: PR

Workover

Comment: EASTERN COLORADO WELL SERVICE RIG #40, CHANGING WELL FROM PRODUCING TO INJECTION, M.I.T. WELL. INITIAL TBG PRES. -2.5" VACUUM, CASING 0#, MIRU EXTREME HEAT, LOAD CASING W/4BBL WATER, PRES. TO 605 PSIG, 5MIN-590#, 10MIN-585#, 15MIN-580#, LOSS OF 25# (PASS) PERFS @ 5107' - 5124', PACKER SET @ 5063', 2.375" TBG, BTTM TBG @ 5063'.

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____	Depth to Ground Water: _____	

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS File: _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____ CA _____ CA Date _____

Waste Material Onsite? Pass CM _____ CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____ CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____ CA _____ CA Date _____

Guy line anchors removed? _____ CM _____ CA _____ CA Date _____

Guy line anchors marked? Pass CM _____ CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

