

**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



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Inspection Date:

02/28/2012

Document Number:

663900692

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: QUINT, CRAIG
	207444	321601		

Operator Information:OGCC Operator Number: 17180 Name of Operator: CITATION OIL & GAS CORPAddress: PO BOX 690688City: HOUSTON State: TX Zip: 77269**Contact Information:**

Contact Name	Phone	Email	Comment
ELSOM, LEE ANN	281-891-1577 EXT 1577	lelsom@cogc.com	
Rogers, Bob	719-767-8851	brogers@cogc.com	719-340-1445 cell

Compliance Summary:QtrQtr: SESE Sec: 34 Twp: 13S Range: 49W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/06/2010	200241649	PR	PR	S			N
12/08/2008	200200445	PR	PR	S			N
12/13/1999	500138667	PR	PR			P	N
12/08/1997	500138666	PR	PR			P	N
04/19/1996	500138665	PR	PR			P	N
11/18/1994	500138664		PR				

Inspector Comment:

(MCCORMICK SEC 34 BATTERY) 1100' E

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
11300	LEASE	PR	05/16/1996		-	MOUNT PEARL UNIT	
207410	WELL	DA	08/23/1982	DA	017-06345	MCCORMICK 44-34 2C	
207444	WELL	PR	09/26/1982	OW	017-06379	MCCORMICK 44-34 2C-X	X
321601	LOCATION	AC	04/14/2009		-	MCCORMICK 44-34-613S49W 34SESE	

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: _____

<u>Location</u>					
<u>Lease Road:</u>					
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date	
Access	Satisfactory	PARTIALLY ELEVATED GRAVEL ROAD THROUGH PASTURE.			
<u>Signs/Marker:</u>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
WELLHEAD	Satisfactory	LEASE SIGN BY UNIT			
BATTERY	Satisfactory	MCCORMICK SEC 34 BATT SIGN BY TANKS.			
TANK LABELS/PLACARDS	Satisfactory	STICKERS ON TANKS			
Emergency Contact Number: <u>(S/U/V)</u> <u>Satisfactory</u> Corrective Date: _____					
Comment: _____					
Corrective Action: _____					
<u>Spills:</u>					
Type	Area	Volume	Corrective action	CA Date	
<input type="checkbox"/> Multiple Spills and Releases?					
<u>Fencing/:</u>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
TANK BATTERY	Satisfactory	ALL BATTERY EQUIPMENT 3/4 FENCED WITH WIRE W/A CATTLE GUARD			
WELLHEAD	Satisfactory	STEEL PANELS AROUND UNIT AND WELLHEAD.			
<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Compressor	1	Satisfactory	SKID MOUNTED GAS ENGINE DRIVEN COMPRESSOR IN A METAL SHED.		
Prime Mover	1	Satisfactory	ELEC MOTOR		
Ancillary equipment	6	Satisfactory	ELEC PANELS, CATHOTIC RECTIFIER, CHEMICAL TANK W/CONTAINMENT, TELEMETRY EQUIPMENT AT WELL. TELEMETRY EQUIPMENT AND PROPANE TANK BY BATTERY		

Inspector Name: QUINT, CRAIG

Gas Meter Run	1	Satisfactory		
Veritcal Heater Treater	1	Satisfactory	WITH METAL SHED	
Deadman # & Marked	4	Satisfactory		
Pump Jack	1	Satisfactory	456 LUFKIN	

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST	38.867450,-102.866860

S/U/V: Satisfactory Comment: FADED BLUE

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	400 BBLS	STEEL AST	38.867730,-102.866510

S/U/V: Satisfactory Comment: FADED BLUE W/BLACK STRIPE

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 321601

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: 207444

API Number: 017-06379

Status: PR

Insp. Status: PR

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:

Lat _____ Long _____

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

Field Parameters:

Sample Location: _____

Inspector Name: QUINT, CRAIG

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

1003 f. Weeds Noxious weeds? _____ P _____

Comment: UNUSED AREAS OF THE LOCATION ARE PASTURE.

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: QUINT, CRAIG

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____
Debris removed _____ No disturbance /Location never built _____
Access Roads Regraded _____ Contoured _____ Culverts removed _____
Gravel removed _____
Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____
Compaction alleviation _____ Dust and erosion control _____
Non cropland: Revegetated 80% _____ Cropland: perennial forage _____
Weeds present _____ Subsidence _____
Comment: _____
Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	MHSP	Pass	

S/U/V: Satisfactory Corrective Date: _____

Comment: _____
CA: _____