

**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:

03/13/2012

Document Number:

663900772

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>207849</u>	<u>321723</u>		<u>QUINT, CRAIG</u>

Operator Information:

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

Contact Information:

Contact Name	Phone	Email	Comment
Kennedy, Hershel	719-767-8851 off	hkennedy@cogc.com	719-340-1150 cell
ELSOM, LEE ANN	281-891-1577 EXT 1577	lelsom@cogc.com	

Compliance Summary:

QtrQtr:	<u>NESW</u>	Sec:	<u>22</u>	Twp:	<u>14S</u>	Range:	<u>42W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/14/2009	200216854	MT	SI	S			N
12/19/2007	200123930	ID	TA	S			N
11/18/1999	500139397	MT	TA			P	N
07/01/1999	948134	ID	SI	S		P	N
09/04/1997	500139396	ID	SI			P	N
05/08/1996	500139395	PR	SI			P	N
10/04/1994	500139394		TA			P	N

Inspector Comment:

WELL SHUT IN WITH ORBIT VALVE, ARAPAHOE UNIT GAS PLANT 600' SOUTH

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
150281	UIC ENHANCED RECOVERY	AC	09/19/1989		-	ARAPAHOE/STATELINE UNIT	
207723	WELL	IJ	12/30/2004	ERIW	017-06658	ARAPAHOE UNIT 145(21-27)	
207763	WELL	PA	01/29/2003	OW	017-06698	ARAPAHOE UNIT 126 (14-30)	
207802	WELL	IJ	11/20/1990	GW	017-06737	ARAPAHOE UNIT 151 (43-21)	
207804	WELL	PR	12/01/1989	OW	017-06739	ARAPAHOE UNIT 128 (34-25)	
207837	WELL	PR	06/13/2005	GW	017-06772	ARAPAHOE UNIT 130(14-25)	
207849	WELL	TA	02/27/1991	GW	017-06784	ARAPAHOE UNIT 146(23-22)	X
207858	WELL	PR	07/26/2001	OW	017-06793	ARAPAHOE UNIT 123(21-21)	
207870	WELL	IJ	03/16/1993	ERIW	017-06805	ARAPAHOE UNIT 166 (32-17)	

Inspector Name: QUINT, CRAIG

321666	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S42W 27NENW	<input type="checkbox"/>
321693	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S42W 21NESE	<input type="checkbox"/>
321695	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S42W 25SWSE	<input type="checkbox"/>
321715	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S42W 25SWSW	<input type="checkbox"/>
321723	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S42W 22NESW	<input type="checkbox"/>
321726	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S41W 31NENW	<input type="checkbox"/>
321732	LOCATION	AC	04/14/2009		-	ARAPAHOE UNIT-614S42W 17SWNE	<input type="checkbox"/>
380641	LOCATION	CL	04/14/2009		-	ARAPAHOE UNIT-614S41W 30SWSW	<input type="checkbox"/>

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
Access	Satisfactory	ROAD HAS BEEN FARMED OVER.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	LEASE SIGN BY WELL.		

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	2	Satisfactory	ELEC PANEL, CATHOTIC RECTIFIER.		

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 321723

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: 207849 API Number: 017-06784 Status: TA Insp. Status: TA

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: _____ Lat _____ Long _____
 GPS : _____

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? _____ 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? _____

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

RESTORATION AND REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: UNUSED AREAS OF THE LOCATION ARE FARMED.

Inspector Name: QUINT, CRAIG

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

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
Compaction	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____