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|-------------------------------|--|--|-------------|
| <b>FORM INSP</b><br>Rev 05/11 | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | DE ET OE ES |
|-------------------------------|--|--|-------------|

Inspection Date: 03/20/2012

Document Number: 663900790

Overall Inspection: Satisfactory

**FIELD INSPECTION FORM**

|                     |                              |                         |               |                                     |
|---------------------|------------------------------|-------------------------|---------------|-------------------------------------|
| Location Identifier | Facility ID<br><u>208521</u> | Loc ID<br><u>321919</u> | Tracking Type | 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 |
| ELSOM, LEE ANN   | 281-891-1577 EXT 1577 | lelsom@cogc.com   |                   |

**Compliance Summary:**

QtrQtr: NWSE Sec: 27 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/19/2007 | 200123933 | ID         | TA          | S                            |          |                | N               |
| 05/11/2001 | 200019652 | PR         | PR          | S                            | I        | P              | N               |
| 07/02/1999 | 948139    | PR         | SI          | S                            |          | P              | N               |
| 09/04/1997 | 500140789 | PR         | PR          |                              |          | P              | N               |
| 05/08/1996 | 500140788 | PR         | PR          |                              |          | P              | N               |
| 05/12/1995 | 500140787 | PR         | PR          |                              |          | P              | Y               |
| 01/23/1995 | 500140786 | DG         | DG          |                              |          |                |                 |

**Inspector Comment:**

WELL SHUT IN WITH 2" BALL VALVE.

**Related Facilities:**

| Facility ID | Type     | Status | Status Date | Well Class | API Num   | Facility Name                |                                     |
|-------------|----------|--------|-------------|------------|-----------|------------------------------|-------------------------------------|
| 208521      | WELL     | TA     | 04/26/1995  | OW         | 017-07456 | ARAPAHOE UNIT 180            | <input checked="" type="checkbox"/> |
| 321919      | LOCATION | AC     | 04/14/2009  |            | -         | ARAPAHOE UNIT-614S42W 27NWSE | <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**

| <b>Lease Road:</b> |                             |   |                   |      |
|--------------------|-----------------------------|---|-------------------|------|
| Type               | Satisfactory/Unsatisfactory | comment                                   | Corrective Action | Date |
| Access             | Satisfactory                | ELEVATED GRAVEL ROAD THROUGH FARM GROUND. |                   |      |

| <b>Signs/Marker:</b> |                             |                     |                   |         |
|----------------------|-----------------------------|---------------------|-------------------|---------|
| 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: \_\_\_\_\_

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

| <b>Fencing/:</b> |                             |                               |                   |         |
|------------------|-----------------------------|-------------------------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment                       | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                | STEEL PANELS AROUND WELLHEAD. |                   |         |

| <b>Equipment:</b>   |   |                             |                                 |                   |         |
|---------------------|---|-----------------------------|---------------------------------|-------------------|---------|
| Type                | # | Satisfactory/Unsatisfactory | Comment                         | Corrective Action | CA Date |
| Ancillary equipment | 2 | Satisfactory                | ELEC PANEL, CATHOTIC RECTIFIER. |                   |         |

| <b>Venting:</b> |         |
|-----------------|---------|
| Yes/No          | Comment |
|                 |         |

| <b>Flaring:</b> |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

**Predrill**

Location ID: 321919

**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: 208521 API Number: 017-07456 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: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**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? Pass 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 REVEGETATION**

Cropland

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.

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                  |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_  
Comment: \_\_\_\_\_  
CA: \_\_\_\_\_