

**FORM  
INSP**Rev  
05/11**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

05/21/2012

Document Number:

663901125

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>321633</u> | <u>321633</u> |               | <u>QUINT, CRAIG</u> |

**Operator Information:**

OGCC Operator Number: 17180 Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

**Contact Information:**

| Contact Name    | Phone                    | Email                      | Comment           |
|-----------------|--------------------------|----------------------------|-------------------|
| ONYSKIW, DENISE |                          | denise.onyskiw@state.co.us |                   |
| ELSOM, LEE ANN  | 281-891-1577<br>EXT 1577 | lelsom@cogc.com            |                   |
| Rogers, Bob     | 719-767-8851             | brogers@cogc.com           | 719-340-1445 cell |

**Compliance Summary:**

QtrQtr: SESW Sec: 35 Twp: 13S Range: 48W

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 207584      | WELL | TA     | 07/10/2009  | ERIW       | 017-06519 | MPU 24-35     | <input checked="" 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                | PARTIALLY<br>ELEVATED GRAVEL<br>ROAD THROUGH<br>FARM GROUND |                   |      |

**Signs/Marker:**

| Type     | Satisfactory/Unsatisfactory | Comment               | Corrective Action | CA Date |
|----------|-----------------------------|-----------------------|-------------------|---------|
| WELLHEAD | Satisfactory                | LEASE SIGN BY<br>WELL |                   |         |

Inspector Name: QUINT, CRAIG

|  |                  |
|--|------------------|
| 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 ALL WELLHEAD EQUIPMENT. |                   |         |

|                     |   |                             |                                 |                   |         |
|---------------------|---|-----------------------------|---------------------------------|-------------------|---------|
| <b>Equipment:</b>   |   |                             |                                 |                   |         |
| Type                | # | Satisfactory/Unsatisfactory | Comment                         | Corrective Action | CA Date |
| Deadman # & Marked  | 4 | Satisfactory                |                                 |                   |         |
| 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: 321633

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Erosion BMPs: \_\_\_\_\_

Other BMPs: \_\_\_\_\_

**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:****Facility**

Facility ID: 207584

API Number: 017-06519

Status: TA

Insp. Status: TA

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: MRRWB

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 04/22/2011

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: CASING WAS DEAD, TUBING IS DEAD. WELLHEAD IS NOT HOOKED UP.

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Data retrieval failed for the subreport, 'rptInsp12',

**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? \_\_\_\_\_

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 \_\_\_\_\_

Inspector Name: QUINT, CRAIG

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Comment:

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

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

Comment:

CA: