

**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



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Inspection Date:

07/11/2012

Document Number:

663901322

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>213608</u>	<u>324935</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 17180 Name of Operator: CITATION OIL & GAS CORPAddress: 14077 CUTTEN RDCity: HOUSTONState: TXZip: 77269**Contact Information:**

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

Compliance Summary:QtrQtr: SENE Sec: 12 Twp: 11S Range: 46W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/11/2010	200231477	ID	TA	S			N
03/26/2009	200207051	MT	TA	S			N
12/01/2006	200100383	PR	PR	S		P	N
12/20/2000	200012536	PR	PR	S	I	P	N
12/18/1997	500145998	ID	SI			P	N
09/27/1996	500145997	PR	PR			P	N
09/07/1995	500145996	PR	PR			P	Y
11/17/1994	500145995		TA				Y

Inspector Comment:

300BBL SPT, 210BBL FGWT, 2-GMR, PROPANE TANK 600' W OF WELL HAVE BEEN REMOVED. PIPELINE RISERS, CATHOTIC RECTIFIER AND ELEC PANEL ARE STILL IN PLACE.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
213608	WELL	SI	05/09/2007	GW	063-06167	PFAFFLY FARMS 2	<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	TRAIL THROUGH FARM GROUND.		

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
Gathering Line	3	Satisfactory	3-PIPELINE RISERS		
Ancillary equipment	2	Satisfactory	ELEC PANEL, CATHOTIC RECTIFIER		

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 324935

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: 213608 Type: WELL API Number: 063-06167 Status: SI Insp. Status: PA

Cement**Cement Contractor**

Contractor Name: ALLIED

Contractor Phone: 785-672-3452

Surface Casing

Cement Volume (sx):

Circulate to Surface:

Cement Fall Back:

Top Job, 1" Volume:

Intermediate Casing

Cement Volume (sxs):

Good Return During Job:

Production Casing

Cement Volume (sx):

Good Return During Job:

Plugging Operations

Depth Plugs(feet range): 3022/2351/468

Cement Volume (sx): 115

Good Return During Job: NO

Cement Type: CLASS A COM

Comment: CIBP W/2 SX CMT WAS SET 3/26/2009. RU PEAK, RIH W/CIBP SET @ 3072', RIH W/SELECT FIRE GUN PERF @ 3022', 2351', 468'. RIH W/CICR SET @ 2921', MIRU ALLIED, EST RATE, PUMP 40 SX CMT DIS W/11.8 BBL WATER, POOH W/TBG & SET TOOL, RIH W/CICR SET @ 2238', RU ALLIED, TRIED TO EST RATE, PRESSURED TO 2800#, STUNG OUT AND IN SEVERAL TIMES AND PRES TO 2800# (NO GO). TALK W/DIRK, PUMP A 15 SX CMT CASING PLUG DIS W/7BBL WATER, POOH W/TBG & SET TOOL, CASING WAS FULL OF FLUID, TRIED TO CIRCULATE CASING (NO GO) RIH W/TBG TO 445', RU ALLIED AND PUMP 50 SX CMT W/3% CAL DIS W/1BBL WATER, WOC F/ 2 HRS. RIH TO 405' DID NOT TAG CMT, CMT IS NOT HARD YET. WOC UNTIL TOMMORROW MORNING.

Workover

Comment: EASTERN COLORADO WELL SERVICE RIG #4 TRIP PIPE FOR P&A OPERATIONS, SET RETAINERS @ 2921', 2238', LAY DOWN TBG.

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? _____ 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 COVERED WITH GRASS AND FARMED.

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 _____

Inspector Name: QUINT, CRAIG

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
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S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____