

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
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Inspection Date:
07/31/2012

Document Number:
663300340

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>219675</u>	<u>312222</u>		<u>SCHURE, KYM</u>

Operator Information:

OGCC Operator Number:	<u>17180</u>	Name of Operator:	<u>CITATION OIL & GAS CORP</u>
Address:	<u>14077 CUTTEN RD</u>		
City:	<u>HOUSTON</u>	State:	<u>TX</u>
		Zip:	<u>77269</u>

Contact Information:

Contact Name	Phone	Email	Comment
ONYSKIW, DENISE		denise.onyskiw@state.co.us	
KOEHLER, BOB		bob.koehler@state.co.us	
Wolff, Geoff	719-767-8851 off/10282	gwolff@cogc.com	719-340-4637 cell

Compliance Summary:

QtrQtr: SESW Sec: 31 Twp: 10N Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/18/2012	663400634	SI	TA	U	P		N
08/09/2011	200317484	MI	TA	S			N
08/25/2010	200268601	SR	SI	S	I		N
08/10/2010	200266815	RT	AC	U			Y
08/10/2010	200266489	MI	SI	S			N
08/04/2009	200216065	MI	AC	S			N
08/01/2008	200193713	MI	AC	S			N
07/24/2007	200115995	MI	SI	S		P	N
02/20/2007	200105788	RT	SI	S		P	N
10/31/2006	200099073	RT	SI	S		P	N
07/13/2006	200094435	MI	SI	S		P	N
04/19/2005	200070161	CC	SI	S		P	N
04/19/2005	200070159	MI	SI	S		P	N
07/23/2004	200057282	RT	AC	S		P	N
07/15/2003	200041600	RT	AC	S		P	N
08/02/2002	200032448	RT	AC	S		P	N
07/31/2001	200018298	MI	AC	S		P	N
08/29/2000	200009273	MI	AC	S		P	N
08/24/2000	200009277	RT	AC	U		F	Y
06/07/2000	200007316	MI	SI	S		P	N

Inspector Comment:

MIT inspection results- Initial pressure before test 0, Pressure at 5 min. 400psi., Pressure at 10min. 400psi., Final pressure at 15 min. 400psi. MIT inspection- Satisfactory.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
219675	WELL	SI	09/09/2008	DSPW	075-06668	SINDT ARTHUR 2 WD	<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

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312222

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: 219675 Type: WELL API Number: 075-06668 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/09/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: Pass _____

Comment: Pressure before test 0, Starting test pressure 400psi., Pressure at 5min. 400psi., Pressure at 10min. 400psi., Final pressure 400psi. at 15min. MIT inspection results - Satisfactory.

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 _____

S/U/V: _____	Corrective Date: _____
Comment: _____	
CA: _____	