

|                               |  |  |             |
|-------------------------------|--|--|-------------|
| <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 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | DE ET OE ES |
|-------------------------------|--|--|-------------|

Inspection Date:  
01/23/2013

Document Number:  
668600273

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

|                     |               |               |               |                                     |
|---------------------|---------------|---------------|---------------|-------------------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>QUINT, CRAIG</u> |
|                     | <u>207820</u> | <u>321703</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           |
|------------------|--------------------------|-------------------|-------------------|
| ELSON, LEE ANN   | 281-891-1577<br>EXT 1577 | lelson@cogc.com   |                   |
| Kennedy, Hershel | 719-767-8851 off         | hkennedy@cogc.com | 719-340-1150 cell |

**Compliance Summary:**

Qtr/Qtr: SESW Sec: 25 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 10/07/2011 | 200326332 | PR         | PR          | S                            |          |                | N               |
| 01/08/2010 | 200226522 | PR         | PR          | S                            |          |                | N               |
| 01/24/2007 | 200103161 | PR         | PR          | S                            |          | P              | N               |
| 03/27/2001 | 200015970 | ID         | TA          | S                            | I        | P              | N               |
| 05/17/2000 | 200008802 | MT         | TA          | S                            | I        | P              | N               |
| 07/02/1999 | 948151    | ID         | TA          | S                            |          | P              | N               |
| 08/29/1997 | 500139317 | ID         | TA          |                              |          | P              | N               |
| 05/09/1996 | 500139316 | ID         | TA          |                              |          | P              | N               |
| 05/01/1995 | 500139315 | ID         | TA          |                              |          | P              | Y               |
| 01/16/1995 | 500139314 | MT         | TA          |                              |          | P              | N               |
| 12/15/1994 | 500139313 | MT         | TA          |                              |          | P              | N               |

**Inspector Comment:**

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**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------------------------------|
| 207820      | WELL | PR     | 07/29/2011  | OW         | 017-06755 | ARAPAHOE UNIT 129(24-25) | <input checked="" type="checkbox"/> |

**Equipment:** Location Inventory

Inspector Name: QUINT, CRAIG

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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                | ELEVATED GRAVEL ROAD THROUGH PASTURE. |                   |      |

**Signs/Marker:**

| Type     | Satisfactory/Unsatisfactory | Comment            | Corrective Action | CA Date |
|----------|-----------------------------|--------------------|-------------------|---------|
| WELLHEAD | Satisfactory                | LEASE SIGN BY UNIT |                   |         |

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_

**Spills:**

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

**Fencing/:**

| Type     | Satisfactory/Unsatisfactory | Comment                               | Corrective Action | CA Date |
|----------|-----------------------------|---------------------------------------|-------------------|---------|
| WELLHEAD | Satisfactory                | STEEL PANELS AROUND WELLHEAD AND UNIT |                   |         |

**Equipment:**

| Type                | # | Satisfactory/Unsatisfactory | Comment                            | Corrective Action | CA Date |
|---------------------|---|-----------------------------|------------------------------------|-------------------|---------|
| Deadman # & Marked  | 4 | Satisfactory                |                                    |                   |         |
| Prime Mover         | 1 | Satisfactory                | ELEC MOTOR                         |                   |         |
| Ancillary equipment | 2 | Satisfactory                | ELEC PANEL, CATHOTIC RECTIFIER     |                   |         |
| Pump Jack           | 1 | Satisfactory                | LUFKIN 228 MARK II ON A CEMENT PAD |                   |         |

|                    |                             |                                   |                     |                       |                 |
|--------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|-----------------|
| <b>Facilities:</b> |                             | <input type="checkbox"/> New Tank | Tank ID: _____      |                       |                 |
| Contents           | #                           | Capacity                          | Type                | SE GPS                |                 |
|                    |                             |                                   | CENTRALIZED BATTERY | 38.798780,-102.053290 |                 |
| S/U/V:             | Satisfactory                |                                   | Comment:            |                       |                 |
| Corrective Action: |                             |                                   |                     | Corrective Date:      |                 |
| <b>Paint</b>       |                             |                                   |                     |                       |                 |
| Condition          |                             |                                   |                     |                       |                 |
| Other (Content)    | _____                       |                                   |                     |                       |                 |
| Other (Capacity)   | _____                       |                                   |                     |                       |                 |
| Other (Type)       | _____                       |                                   |                     |                       |                 |
| <b>Berms</b>       |                             |                                   |                     |                       |                 |
| Type               | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |                 |
|                    |                             |                                   |                     |                       |                 |
| Corrective Action  |                             |                                   |                     |                       | Corrective Date |
| Comment            |                             |                                   |                     |                       |                 |
| <b>Venting:</b>    |                             |                                   |                     |                       |                 |
| Yes/No             | Comment                     |                                   |                     |                       |                 |
|                    |                             |                                   |                     |                       |                 |
| <b>Flaring:</b>    |                             |                                   |                     |                       |                 |
| Type               | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |                 |
|                    |                             |                                   |                     |                       |                 |

**Predrill**

Location ID: 321703

**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: 207820 Type: WELL API Number: 017-06755 Status: PR Insp. Status: PR

**Producing Well**

Comment: PRODUCING, CENTRAL BATTERY F/(1U 125, 129, 130) 3000' E @ 38.79878, -102.05329

**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:** \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_  
 DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ 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? 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? Pass  
 Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

**RESTORATION AND REVEGETATION**

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

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 \_\_\_\_\_ Multi-Well Location

**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: