

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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| DE | ET | OE | ES |
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Inspection Date:
03/05/2013

Document Number:
668600453

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>208552</u> | <u>321924</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 |
|------------------|--------------------------|-------------------|-------------------|
| 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: NWNE Sec: 11 Twp: 13S Range: 51W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/13/2012 | 663901235 | PR | SI | S | P | | N |
| 09/19/2011 | 200321657 | PR | SI | S | | | N |
| 09/03/2010 | 200269712 | PR | PR | S | | | N |
| 05/06/2009 | 200209731 | PR | WO | S | | | N |
| 04/29/2009 | 200209424 | CA | WO | S | | | N |
| 04/29/2009 | 200209459 | CC | WO | U | | | N |
| 04/29/2009 | 200219063 | CA | WO | S | | | N |
| 04/29/2009 | 200219066 | CC | WO | S | | | N |
| 04/28/2009 | 200209373 | CA | WO | S | | | N |
| 01/10/2008 | 200124794 | PR | PR | S | | | N |
| 06/23/2005 | 200074087 | PR | PR | S | | P | N |
| 12/12/2000 | 200012685 | PR | SI | S | I | P | N |
| 12/23/1997 | 500140870 | PR | PR | | | P | N |
| 09/20/1996 | 500140869 | PR | PR | | | P | N |
| 09/05/1995 | 500140868 | DG | DG | | | P | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 208552 | WELL | PR | 05/12/2009 | OW | 017-07487 | WILLIAMS 31-11 7 | <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 | GRAVEL ROAD THROUGH PASTURE. | | |

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: _____

Good Housekeeping:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------------------|-----------------------------|-------------------------|-------------------------|------------|
| UNUSED EQUIPMENT | Unsatisfactory | CHEMICAL TANK AND STAND | REMOVE UNUSED EQUIPMENT | 06/05/2013 |

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 | Unsatisfactory | STEEL PANELS LAYING AROUND LOCATION | REMOVER OR REPAIR FENCING. | 06/05/2013 |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---------------------|---|-----------------------------|-----------------------------------|-------------------|---------|
| Pump Jack | | Satisfactory | PUMPING UNIT HAS BEEN REMOVED | | |
| Ancillary equipment | 1 | Satisfactory | SOLAR POWERED CATHOTIC RECTIFIER. | | |
| Deadman # & Marked | 4 | Satisfactory | | | |

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

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

Predrill

Location ID: 321924

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: 208552 Type: WELL API Number: 017-07487 Status: PR Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: SURFACE AND DOWN HOLE EQUIPMENT HAVE BEEN REMOVED. PERFS 2038' - 2048', CIBP SET @ 2010'. MIRU EXTREME HEAT, LOAD CASING W/1BBL WATER, PRESSURE CSG TO 375 PSIG, 5 MIN-375#, 10 MIN-375#, 15 MIN-375#, NO PRES LOSS (PASS).

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: LOCATION HAS PILES OF DIRT THAT WERE HAULED IN BY LAND OWNER. MAY NEED TO RECONTOUR LOCATION.

CA: _____