

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:
08/21/2013

Document Number:
664001224

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | <input type="checkbox"/> |
| | <u>220989</u> | <u>311741</u> | <u>SCHURE, KYM</u> | 2A Doc Num: | |

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 | |
| LEONARD, MIKE | | mike.leonard@state.co.us | |
| Wolff, Geoff | 719-767-8851 off/10282 | gwolff@cogc.com | 719-340-4637 cell |

Compliance Summary:

QtrQtr: SWSE Sec: 6 Twp: 9N Range: 52W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/06/2012 | 663300163 | IJ | IJ | S | | | N |
| 08/09/2011 | 200318132 | RT | SI | S | | | N |
| 08/11/2010 | 200266817 | RT | AC | S | | | N |
| 05/29/2009 | 200211311 | SR | WO | S | | | N |
| 08/01/2008 | 200194299 | RT | AC | S | | | N |
| 05/31/2007 | 200112833 | MI | AC | S | | P | N |
| 04/02/2007 | 200108564 | RT | AC | S | | P | N |
| 02/20/2007 | 200105787 | RT | AC | S | | P | N |
| 11/16/2006 | 200099566 | RT | AC | S | | P | N |
| 10/31/2006 | 200099069 | RT | SI | S | | P | N |
| 09/29/2006 | 200097957 | MI | SI | S | | P | N |
| 09/25/2006 | 200097956 | CC | SI | S | | P | N |
| 06/14/2006 | 200093873 | MI | AC | U | | F | Y |
| 08/26/2005 | 200076001 | RT | AC | S | | P | N |
| 07/23/2004 | 200057281 | RT | AC | S | | P | N |
| 07/15/2003 | 200041601 | RT | AC | S | | P | N |
| 01/07/2002 | 200023040 | RT | AC | S | | P | N |
| 08/09/2001 | 200018552 | MI | AC | S | | P | N |
| 07/31/2001 | 200018296 | MI | AC | U | | F | Y |
| 06/07/2000 | 200007324 | RT | AC | S | | P | N |

Inspector Name: SCHURE, KYM

| | | | | | | | |
|------------|-----------|----|----|--|--|---|---|
| 04/26/1996 | 500153824 | ID | SI | | | P | N |
| 01/23/1996 | 500153823 | ID | TA | | | P | N |
| 06/02/1995 | 500153822 | ID | TA | | | P | N |
| 12/21/1994 | 500153821 | | TA | | | F | Y |
| 12/14/1994 | 500153820 | ID | TA | | | P | |
| 11/21/1994 | 500153819 | ID | TA | | | F | |
| 11/16/1994 | 500153818 | ID | TA | | | F | |

Inspector Comment:

UIC Routine SATISFACTORY Tubing pressure 1210psi. Casing pressure 99psi.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|--------------|--------|-------------|------------|-----------|-----------------|-------------------------------------|
| 150399 | UIC DISPOSAL | CL | 07/11/1996 | | - | ARCO-SINDT 6-15 | <input type="checkbox"/> |
| 159177 | UIC DISPOSAL | AC | 05/15/2007 | | - | ARCO-SINDT 6-15 | <input checked="" type="checkbox"/> |
| 220989 | WELL | IJ | 07/11/1996 | DSPW | 075-09115 | ARCO-SINDT 6-15 | <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

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

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

Flaring:

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

Predrill

Location ID: 311741

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: 159177 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 220989 Type: WELL API Number: 075-09115 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1210psig
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: JSND

TC: Pressure or inches of Hg 99 psig

Previous Test Pressure _____ Last MIT: 05/29/2012

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTRReq: _____

Comment: No problems found

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

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? _____ 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Inspector Name: SCHURE, KYM

S/U/V: Satisfactory Corrective Date: _____

Comment: No surface erosion from stormwater runoff observed

CA: _____