

**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:

11/07/2013

Document Number:

668601632

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 208092      | 321813 | QUINT, CRAIG    | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number:

Name of Operator: CITATION OIL & GAS CORPAddress: 14077 CUTTEN RDCity: HOUSTON State: TX Zip: 77269☐ THIS IS A FOLLOW UP INSPECTION☐ FOLLOW UP INSPECTION REQUIRED☒ NO FOLLOW UP INSPECTION REQUIRED☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED**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<br>EXT 1577 | lelsom@cogc.com   |                   |
| Smith, Martha    |                          | MSmith@cogc.com   |                   |

**Compliance Summary:**QtrQtr: SWNE Sec: 26 Twp: 13S Range: 42W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 10/09/2012 | 663901797 | PR         | SI          | S                            | P        |                | N               |
| 09/22/2011 | 200322121 | PR         | PR          | S                            |          |                | N               |
| 10/15/2010 | 200278638 | PR         | PR          | S                            |          |                | N               |
| 07/23/2009 | 200215348 | PR         | SI          | S                            |          |                | N               |
| 01/31/2007 | 200103544 | PR         | PR          | S                            |          | P              | N               |
| 05/15/2001 | 200019625 | PR         | PR          | S                            | I        | P              | N               |
| 06/14/1999 | 873148    | PR         | PR          | S                            |          | P              | N               |
| 09/29/1997 | 500139943 | PR         | PR          |                              |          | P              | N               |
| 04/23/1996 | 500139942 | PR         | PR          |                              |          | P              | N               |
| 05/26/1995 | 500139941 | PR         | PR          |                              |          | P              | Y               |
| 12/03/1993 | 500139940 |            | PR          |                              |          | P              | N               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 208092      | WELL | PR     | 09/25/1989  | OW         | 017-07027 | BILL 32-26 5  | PR          | <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                | PARTIALLY<br>ELEVATED GRAVEL<br>ROAD THROUGH<br>PASTURE. |                   |      |

#### Signs/Marker:

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

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

#### Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

#### Fencing/:

| Type     | Satisfactory/Unsatisfactory | Comment                             | Corrective Action | CA Date |
|----------|-----------------------------|-------------------------------------|-------------------|---------|
| WELLHEAD | Satisfactory                | STEEL PANELS<br>AROUND<br>WELLHEAD. |                   |         |

#### Equipment:

| Type                | # | Satisfactory/Unsatisfactory | Comment   | Corrective Action | CA Date |
|---------------------|---|-----------------------------|---|-------------------|---------|
| Pump Jack           | 1 | Satisfactory                | 320 LUFKIN  |                   |         |
| Prime Mover         | 1 | Satisfactory                | ELEC MOTOR  |                   |         |
| Deadman # & Marked  | 4 | Satisfactory                |   |                   |         |
| Ancillary equipment | 3 | Satisfactory                | ELEC PANEL,<br>CATHOTIC<br>RECTIFIER,<br>CHEMICAL TANK<br>W/CONTAINMENT |                   |         |

|                        |                             |  |                     |                       |                  |
|------------------------|-----------------------------|--|---------------------|-----------------------|------------------|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank        |                     | Tank ID: _____        |                  |
| Contents               | #                           | Capacity                                 | Type                | SE GPS                |                  |
|                        |                             |  | CENTRALIZED BATTERY | 38.893710,-102.090270 |                  |
| 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                                  |                     |                       |                  |
| NO                     |                             | CASING VENT ON WELL BUT VALVE IS CLOSED. |                     |                       |                  |
| <b>Flaring:</b>        |                             |  |                     |                       |                  |
| Type                   | Satisfactory/Unsatisfactory | Comment                                  | Corrective Action   | CA Date               |                  |
|                        |                             |  |                     |                       |                  |

**Predrill**

Location ID: 208092

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stormwater:****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: 208092 Type: WELL API Number: 017-07027 Status: PR Insp. Status: PR

**Producing Well**

Comment: PRODUCING

**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? PassProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

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

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Inspector Name: QUINT, CRAIG

Comment: **UNUSED AREAS OF THE LOCATION ARE PASTURE.**

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 \_\_\_\_\_ Well Release on Active Location ☐ 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            | Ditches                 | Pass                  | MHSP          | Pass                     |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT