

**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:

04/24/2014

Document Number:

668602555

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	208217	321849	QUINT, CRAIG	2A Doc Num: _____

Operator Information:OGCC Operator Number: 17180Name 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
ELSOM, LEE ANN	281-891-1577 EXT 1577	llesom@cogc.com	
Kennedy, Herschel	719-767-8851 off	hkennedy@cogc.com	719-340-1150 cell
KOEHLER, BOB		bob.koehler@state.co.us	

Compliance Summary:QtrQtr: NWNW Sec: 5 Twp: 14S Range: 42W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/14/2013	668600771	SI	AC	SATISFACTOR Y			No
04/08/2013	668600613	SI	AC	SATISFACTOR Y			No
08/11/2011	200317833	RT	AC	SATISFACTOR Y			No
05/23/2011	200310814	RT	AC	ACTION REQUIRED			Yes
03/12/2010	200235151	RT	AC	SATISFACTOR Y			No
06/12/2009	200212477	RT	AC	SATISFACTOR Y			No
07/07/2008	200193127	MI	AC	SATISFACTOR Y			No
04/02/2007	200108513	RT	AC	SATISFACTOR Y		Pass	No
07/19/2006	200094531	RT	AC	SATISFACTOR Y		Pass	No
07/28/2005	200074934	RT	AC	SATISFACTOR Y		Pass	No
07/22/2004	200058164	RT	AC	SATISFACTOR Y		Pass	No
07/24/2003	200042190	MI	AC	SATISFACTOR Y		Pass	No

Inspector Name: QUINT, CRAIG

08/01/2002	200029657	RT	AC	SATISFACTOR Y		Pass	No
12/18/2001	200022564	RT	AC	SATISFACTOR Y		Pass	No
08/21/2001	200019505	RT	AC	SATISFACTOR Y		Pass	No
08/17/2000	200010814	MI	AC	SATISFACTOR Y	I	Pass	No
07/01/1999	873439	PR	AC	SATISFACTOR Y		Pass	No
10/10/1997	500140199	PR	AC			Pass	No
05/01/1996	500140198	PR	AC			Pass	No
01/17/1996	500140197						
01/12/1996	500140196						
05/26/1995	500140195	PR	AC			Pass	Yes
12/03/1993	500140194		AC			Pass	No
11/30/1993	500140192		AC				
01/15/1993	500140193						

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150302	UIC DISPOSAL	AC	07/27/1990		-	WAMSLEY SWD 11-5	AC	<input type="checkbox"/>
208217	WELL	SI	09/13/2010	DSPW	017-07152	WAMSLEY SWD 11-5	AC	<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/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	GRAVEL ROAD THROUGH FARM GROUND		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY WELL		

Inspector Name: QUINT, CRAIG

TANK LABELS/PLACARDS	SATISFACTORY	STICKERS		
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Emergency Contact Number (S/A/V):	SATISFACTORY	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/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 208217

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 208217 Type: WELL API Number: 017-07152 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -.5" HG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: ABCK

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 05/14/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ .5" VACUUM.

Method of Injection: GRAVITY FEED

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? 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? _____

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

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

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
Compaction	Pass	Compaction	Pass			

Inspector Name: QUINT, CRAIG

Gravel	Pass	Gravel	Pass			
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S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT