

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:
07/24/2014

Document Number:
667200238

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>219675</u>	<u>312222</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>17180</u>
Name of Operator:	<u>CITATION OIL & GAS CORP</u>
Address:	<u>14077 CUTTEN RD</u>
City:	<u>HOUSTON TX</u> State: <u>TX</u> Zip: <u>77269</u>

- 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
Wolff, Geoff	719-767-8851 off/10282	gwolff@cogc.com	719-340-4637 cell

Compliance Summary:

QtrQtr: SESW Sec: 31 Twp: 10N Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/25/2013	664001148	SI	SI	SATISFACTOR Y			No
07/31/2012	663300340	SI	SI	SATISFACTOR Y	I		No
07/18/2012	663400634	SI	TA	ACTION REQUIRED	P		No
08/09/2011	200317484	MI	TA	SATISFACTOR Y			No
08/25/2010	200268601	SR	SI	SATISFACTOR Y	I		No
08/10/2010	200266489	MI	SI	SATISFACTOR Y			No
08/10/2010	200266815	RT	AC	ACTION REQUIRED			Yes
08/04/2009	200216065	MI	AC	SATISFACTOR Y			No
08/01/2008	200193713	MI	AC	SATISFACTOR Y			No
07/24/2007	200115995	MI	SI	SATISFACTOR Y		Pass	No
02/20/2007	200105788	RT	SI	SATISFACTOR Y		Pass	No
10/31/2006	200099073	RT	SI	SATISFACTOR Y		Pass	No
07/13/2006	200094435	MI	SI	SATISFACTOR Y		Pass	No
04/19/2005	200070161	CC	SI	SATISFACTOR Y		Pass	No

Inspector Name: SCHURE, KYM

04/19/2005	200070159	MI	SI	SATISFACTOR Y	Pass	No
07/23/2004	200057282	RT	AC	SATISFACTOR Y	Pass	No
07/15/2003	200041600	RT	AC	SATISFACTOR Y	Pass	No
08/02/2002	200032448	RT	AC	SATISFACTOR Y	Pass	No
07/31/2001	200018298	MI	AC	SATISFACTOR Y	Pass	No
08/29/2000	200009273	MI	AC	SATISFACTOR Y	Pass	No
08/24/2000	200009277	RT	AC	ACTION REQUIRED	Fail	Yes
06/07/2000	200007316	MI	SI	SATISFACTOR Y	Pass	No

Inspector Comment:

UIC/MIT SATISFACTORY

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150101	UIC DISPOSAL	CL	02/26/1985		-	SINDT 2	CL	<input checked="" type="checkbox"/>
159178	UIC DISPOSAL	AC	05/22/2007		-	SINDT ARTHUR #2 WD	AC	<input type="checkbox"/>
219675	WELL	SI	09/09/2008	DSPW	075-06668	SINDT ARTHUR 2 WD	SI	<input checked="" type="checkbox"/>
274870	PIT	AC	11/24/2004		-	ARTHUR SINDT #2-WD	AC	<input 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			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			

Equipment:				
Type	#	Satisfactory/Action Required	Comment	CA Date
Other	0	SATISFACTORY		

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 219675

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:**

CA: **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 150101 Type: UIC API Number: - Status: CL Insp. Status: CL

Facility ID: 219675 Type: WELL API Number: 075-06668 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/25/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____ Tbg psi: 1400 _____ Csg psi: _____ BH psi: _____

Insp. Status: Pass _____

Comment: Annual MIT

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: UIC/MIT ANNUAL Maintain SI status SATISFACTORY

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 _____ 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					

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

Comment: No surface erosion from stormwater runoff

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	274870	1137296	
	274870	1137296	