

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:
04/07/2015

Document Number:
668501271

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>207584</u>	<u>321633</u>	<u>Welsh, Brian</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</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
Rogers, Bob	719-767-8851	brogers@cogc.com	

Compliance Summary:

QtrQtr: SESW Sec: 35 Twp: 13S Range: 48W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/06/2014	668602619	TA	TA	SATISFACTORY	P		No
04/11/2013	668600632	TA	TA	SATISFACTORY			No
04/22/2011	200308473	MI	TA	SATISFACTORY			No
03/17/2010	200235986	MI	TA	SATISFACTORY			No
07/10/2009	200214918	MI	TA	SATISFACTORY			No
07/09/2009	200214885	MI	TA	ACTION REQUIRED			Yes
05/28/2009	200211628	RT	TA	ACTION REQUIRED			Yes
07/03/2008	200193108	MI	SI	ACTION REQUIRED			Yes
06/26/2008	200191807	MI	SI	ACTION REQUIRED			Yes
06/04/2008	200190477	MI	AC	ACTION REQUIRED			Yes
05/27/2008	200190315	MI	AC	ACTION REQUIRED			Yes
03/20/2007	200107426	RT	AC	SATISFACTORY		Pass	No
07/21/2006	200094686	RT	AC	SATISFACTORY		Pass	No
06/22/2005	200074010	RT	AC	SATISFACTORY		Pass	No
07/21/2004	200058144	RT	AC	SATISFACTORY		Pass	No
07/24/2003	200042172	MI	AC	SATISFACTORY		Pass	No
07/31/2002	200029507	RT	AC	SATISFACTORY		Pass	No
08/10/2001	200019435	RT	AC	SATISFACTORY		Pass	No
08/30/2000	200009338	RT	AC	SATISFACTORY	I	Pass	No
12/13/1999	500138902	PR	AC			Pass	No
12/06/1997	500138901	PR	AC			Pass	No

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04/18/1996	500138900	PR	AC			Pass	No
05/18/1995	500138899						
01/27/1995	500138898						
11/10/1992	500138897						

Inspector Comment:

M.I.T. PASSED

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150094	UIC DISPOSAL	CL	07/22/1985		-	MITCHEK #9 24-35	CL
207584	WELL	TA	07/10/2009	ERIW	017-06519	MPU 24-35	TA

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	PARTIALLY ELEVATED GRAVEL ROAD THROUGH FARM GROUND		

Signs/Marker:

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	METAL PANELS AROUND WELLHEAD		

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 207584

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: 207584 Type: WELL API Number: 017-06519 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: **MIRU OUTLAW SERVICES. RIG UP TO CSG AND LOADED WITH 1BBL WATER. PRESSURE UP TO 360PSI. PRESSURE AFTER 5 MINUTES WAS 355PSI. PRESSURE AFTER 10 MINUTES WAS 355PSI. PRESSURE AFTER 15 MINUTES WAS 340PSI. MIT PASSED WITH A LOSS OF 20PSI.**

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 _____

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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	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

