

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:
06/09/2015

Document Number:
668501516

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>207782</u>	<u>321687</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
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com	
Quint, Craig		craig.quint@state.co.us	
Kennedy, Herschel	719-767-8851	hkennedy@cogc.com	
Rogers, Bob	719-767-8851	brogers@cogc.com	

Compliance Summary:

QtrQtr: SESW Sec: 36 Twp: 12S Range: 51W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/20/2015	668603321	IJ	AC	SATISFACTORY			No
05/07/2014	668602627	IJ	AC	ACTION REQUIRED	P		No
05/16/2013	668600783	IJ	AC	SATISFACTORY			No
10/23/2012	663901870	IJ	AC	SATISFACTORY			No
06/21/2011	200313356	RT	AC	SATISFACTORY			No
04/29/2010	200245299	RT	AC	SATISFACTORY			No
05/06/2009	200209693	RT	AC	SATISFACTORY			No
05/27/2008	200190311	MI	AC	SATISFACTORY			No
06/01/2007	200112684	RT	AC	SATISFACTORY		Pass	No
07/21/2006	200094712	RT	AC	SATISFACTORY		Pass	No
06/23/2005	200074076	RT	AC	SATISFACTORY		Pass	No
07/22/2004	200058148	RT	AC	SATISFACTORY		Pass	No
08/15/2003	200043163	MI	AC	SATISFACTORY		Pass	No
07/30/2002	200029493	RT	AC	SATISFACTORY		Pass	No
08/10/2001	200019431	RT	AC	SATISFACTORY		Pass	No
12/11/2000	200012704	PR	AC	SATISFACTORY	I	Pass	No
08/30/2000	200009346	RT	AC	SATISFACTORY	I	Pass	No
12/23/1997	500139235	PR	AC			Pass	No

Inspector Name: Welsh, Brian

06/22/1995	500139234	PR	AC		Pass	No
11/17/1993	500139233		AC		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
207782	WELL	IJ	11/29/1989	OW	017-06717	GRAYS STATE 24-36 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

<u>Lease Road:</u>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	PARTIALLY ELEVATED GRAVEL ROAD THROUGH PASTURE		

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	NO LEASE ON LOCATION	Install sign to comply with rule 210.	07/09/2015

Emergency Contact Number (S/A/V): _____ Corrective Date: _____
 Comment: _____
 Corrective Action: _____

<u>Good Housekeeping:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	SATISFACTORY	METAL PANELS STORED NEXT TO METAL SHED		

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

<u>Equipment:</u>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	4	SATISFACTORY			

Ancillary equipment	2	SATISFACTORY	ELECTRIC PANEL AND CATHODIC RECTIFIER		
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Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 207782

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

S/AV: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:
S/AV: SATISFACTORY **Comment:** NO COA'S
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

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 300 PSIG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MRRW

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 10/23/2012

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

Comment: **CASING HAD A STRONG BLOW THAT DIED IMMEDIATELY, TBG IJ @ 300 PSIG**

Method of Injection: PUMP 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 _____

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? _____ 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

Inspector Name: Welsh, Brian

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Culverts	Pass			
Compaction	Pass	Compaction	Pass			
		Gravel	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT