

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



Inspection Date:
04/22/2016
Document Number:
679901447
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>208282</u> | <u>321869</u> | <u>Welsh, Brian</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 17180
Name of Operator: CITATION OIL & GAS CORP
Address: 14077 CUTTEN RD
City: 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 |
|--------------|--------------|------------------|---------|
| Rogers, Bob | 719-767-8851 | brogers@cogc.com | |

Compliance Summary:

QtrQtr: SWNW Sec: 13 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/26/2015 | 668501219 | PR | PR | SATISFACTORY | | | No |
| 01/30/2014 | 668602028 | PR | PR | SATISFACTORY | | | No |
| 01/18/2012 | 663900403 | PR | PR | SATISFACTORY | P | | No |
| 06/07/2011 | 200312256 | PR | PR | SATISFACTORY | | | No |
| 03/04/2010 | 200235756 | PR | PR | SATISFACTORY | | | No |
| 05/06/2009 | 200209740 | PR | PR | SATISFACTORY | | | No |
| 03/15/2007 | 200106547 | PR | PR | SATISFACTORY | | Pass | No |
| 12/05/2000 | 200012987 | PR | PR | SATISFACTORY | I | Pass | No |
| 12/22/1997 | 500140328 | PR | PR | | | Pass | No |
| 08/23/1996 | 500140327 | PR | PR | | | Pass | No |
| 07/21/1995 | 500140326 | PR | PR | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 208282 | WELL | PR | 01/31/1996 | OW | 017-07217 | SPEAKER 5-13 | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

Empty box for equipment and location inventory details.

Inspector Name: Welsh, Brian

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 pasture with cattle guard | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|----------------------------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | Stickers on tanks | | |
| WELLHEAD | SATISFACTORY | Lease sign by unit | | |
| OTHER | SATISFACTORY | Lease sign by cattle guard | | |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------|------------------------------|----------------------------------|-------------------|---------|
| STORAGE OF SUPL | SATISFACTORY | Location is used as storage yard | | |

Spills:

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

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|----------------------------|-------------------|---------|
| LOCATION | SATISFACTORY | Wire fence around location | | |

Equipment:

| | | | |
|--------------------------|-------------------------------|-------------------------------|--------------|
| Type: Deadman # & Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | Date: | | |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Mark II Lufkin model 456 unit | | |

| | | | |
|---|-----|-------------------------------|--------------|
| Corrective Action | | | Date: |
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment Electric panel, cathodic rectifier | | | |
| Corrective Action | | | Date: |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment 25 HP Electric motor | | | |
| Corrective Action | | | Date: |
| Type: Verical Heater Treater | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment 100bbl treater with metal shed | | | |
| Corrective Action | | | Date: |

Facilities: New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|----------------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | 400 BBLS | FIBERGLASS AST | 39.004600,-103.068810 |
| S/AR | SATISFACTORY | | Comment: | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|-------|
| Condition | |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| | | | | |
|-------------------|---------------------|---------------------|---------------------|-----------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | Shared berms | | | |

Facilities: New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|--|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 4 | 400 BBLS | STEEL AST | 39.004600,-103.068810 |
| S/AR | SATISFACTORY | | Comment: 2 TANKS NOT IN USE. MANHOLE COVERS ARE LOOSE | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|-------|
| Condition | |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |

| | |
|---------|--|
| Comment | |
|---------|--|

Venting:

| | |
|---------|----|
| Yes/No | NO |
| Comment | |

Flaring:

| | | | |
|--------------------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 208282

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No COAs

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: | <u>208282</u> | Type: | <u>WELL</u> | API Number: | <u>017-07217</u> | Status: | <u>PR</u> | Insp. Status: | <u>PR</u> |
|--------------|---------------|-------|-------------|-------------|------------------|---------|-----------|---------------|-----------|

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:

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. Waste and Debris removed? 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 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? _____

Inspector Name: Welsh, Brian

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 | Ditches | Pass | | | |
| | | Gravel | Pass | | | |
| Compaction | Pass | Compaction | Pass | | | |

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT