

**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:

04/26/2016

Document Number:

679901459

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
| | 208453 | 321902 | Welsh, Brian | 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 | lelsom@cogc.com | |
| Rogers, Bob | 719-767-8851 | brogers@cogc.com | |

Compliance Summary:QtrQtr: NENE Sec: 12 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/31/2015 | 679900297 | SI | SI | ACTION REQUIRED | | | No |
| 05/07/2014 | 668602628 | IJ | AC | SATISFACTORY | P | | No |
| 05/16/2013 | 668600791 | IJ | AC | SATISFACTORY | | | No |
| 06/07/2011 | 200312253 | RT | AC | SATISFACTORY | | | No |
| 03/04/2010 | 200234774 | MI | AC | SATISFACTORY | | | No |
| 05/06/2009 | 200209689 | RT | AC | SATISFACTORY | | | No |
| 05/23/2008 | 200190250 | RT | AC | SATISFACTORY | | | No |
| 03/15/2007 | 200106538 | RT | AC | SATISFACTORY | | Pass | No |
| 04/25/2006 | 200090209 | MI | AC | SATISFACTORY | | Pass | No |
| 06/23/2005 | 200074088 | RT | AC | SATISFACTORY | | Pass | No |
| 07/22/2004 | 200058150 | RT | AC | SATISFACTORY | | Pass | No |
| 08/15/2003 | 200043173 | RT | AC | SATISFACTORY | | Pass | No |
| 07/30/2002 | 200029496 | RT | AC | SATISFACTORY | | Pass | No |
| 04/04/2001 | 200019447 | MI | AC | SATISFACTORY | | Pass | No |
| 12/05/2000 | 200012723 | PR | AC | SATISFACTORY | I | Pass | No |
| 08/30/2000 | 200009350 | RT | AC | SATISFACTORY | I | Pass | No |
| 12/22/1997 | 500140550 | PR | AC | | | Pass | No |
| 08/23/1996 | 500140549 | PR | AC | | | Pass | No |
| 07/21/1995 | 500140548 | PR | PR | | | Pass | Yes |
| 06/15/1994 | 500140547 | | PR | | | Pass | No |

Inspector Name: Welsh, Brian

| | | | | | | | |
|------------|-----------|--|----|--|--|------|--|
| 02/16/1994 | 500140546 | | PR | | | Fail | |
|------------|-----------|--|----|--|--|------|--|

Inspector Comment:

Submit Form 4 Sundry Notice to show current well status (TA)

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 208453 | WELL | SI | 08/25/2014 | ERIW | 017-07388 | BLED SOE 1-12 | TA | <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 Motors: _____ | 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 | Elevated gravel road through pasture | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|--------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Lease sign by meter shed | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---|-------------------|---------|
| OTHER | SATISFACTORY | Metal panels around electric panel and REA pole | | |
| WELLHEAD | SATISFACTORY | Metal panels around wellhead and meter shed | | |

| | | | |
|---------------------------|--------------------|-------------------------------|--------------|
| Equipment: | | | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Cathodic rectifier | | |
| Corrective Action | | Date: | |
| Type: Deadman # & Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |

| | |
|-----------------|----|
| Venting: | |
| Yes/No | NO |
| Comment | |

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

Predrill

Location ID: 208453

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: 208453 Type: WELL API Number: 017-07388 Status: SI Insp. Status: TA

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 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: 03/04/2010

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

Comment: CASING HAD LIGHT PUFF THAT DIED IMMEDIATELY, TBG WAS DEAD. WELL IS TA AT TIME OF INSPECTION

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. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Inspector Name: Welsh, Brian

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? _____

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 | | | |

Inspector Name: Welsh, Brian

| | | | | | | |
|------------|------|------------|------|--|--|--|
| Compaction | Pass | Compaction | Pass | | | |
|------------|------|------------|------|--|--|--|

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT