

**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:

06/15/2016

Document Number:

679901614

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 207584 | 321633 | Welsh, Brian | <input type="checkbox"/> | |

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 | |
| Quint, Craig | | craig.quint@state.co.us | |

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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/07/2015 | 668501271 | TA | TA | SATISFACTORY | | | No |
| 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 |

Inspector Name: Welsh, Brian

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

Inspector Comment:

Routine UIC Inspection

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 | <input type="checkbox"/> |
| 207584 | WELL | TA | 07/10/2009 | ERIW | 017-06519 | MPU 24-35 | 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 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 farm ground | | |

| <u>Signs/Marker:</u> | | | | |
|-----------------------------|------------------------------|------------------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | Lease sign by wellhead | | |

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

Comment: _____

Corrective Action: _____

| <u>Good Housekeeping:</u> | | | | |
|----------------------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

| <u>Spills:</u> | | | | |
|-----------------------|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| | | | | |

Inspector Name: Welsh, Brian

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|--|-------------------|---------|
| WELLHEAD | SATISFACTORY | Metal panels around wellhead | | |
| OTHER | SATISFACTORY | Metal panels around cathodic rectifier | | |

Equipment:

| | | | |
|---------------------------|---------------------------------------|-------------------------------|--------------|
| Type: Deadman # & Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Cathodic rectifier and electric panel | | |
| Corrective Action | | | Date: |

Venting:

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

Flaring:

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

Predrill

Location ID: 207584

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: 207584

Type: WELL

API Number: 017-06519

Status: TA

Insp. Status: TA

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 0 PSIG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: MRRWB

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____ Last MIT: 04/07/2015

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: _____

Comment: CASING A LIGHT BLOW THAT DIED IMMEDIATELY, TBG WAS DEAD. WELL IS TA. PASSING MIT PERFORMED 4/7/15

Method of Injection: _____

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 _____

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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 | | | |

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

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

Comment: Access is partially grassed over

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT