

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:
07/06/2016
Document Number:
680300810
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>219644</u>	<u>312216</u>	<u>SCHURE, KYM</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
Wolff, Geoff	(719) 340-4637	gwolff@cogc.com	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:

QtrQtr: SESW Sec: 6 Twp: 9N Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/14/2015	680300080	IJ	IJ	SATISFACTORY			No
07/07/2014	667200204	IJ	IJ	SATISFACTORY			No
08/21/2013	664001223	IJ	IJ	SATISFACTORY			No
07/18/2012	663400636	IJ	AC	SATISFACTORY	P		No
08/01/2011	200316896	MI	SI	SATISFACTORY			No
07/26/2011	200316002	CC	SI	ACTION REQUIRED			Yes
07/08/2011	200315179	MI	SI	ACTION REQUIRED			Yes
07/06/2011	200315178	MI	AC	ACTION REQUIRED			Yes
08/11/2010	200266818	RT	AC	SATISFACTORY			No
05/29/2009	200211310	RT	AC	SATISFACTORY			No
08/01/2008	200194296	RT	AC	SATISFACTORY			No
07/24/2007	200115997	RT	AC	SATISFACTORY		Pass	No
04/02/2007	200108562	RT	AC	SATISFACTORY		Pass	No
02/20/2007	200105789	RT	AC	SATISFACTORY		Pass	No
11/16/2006	200099568	RT	AC	SATISFACTORY		Pass	No
07/25/2006	200094477	MI	PD	SATISFACTORY		Pass	No
07/19/2006	200094476	CC	SI	SATISFACTORY		Pass	No
01/31/2006	200099070	RT	AC	SATISFACTORY		Pass	No
07/31/2001	200018297	MT	WO	ACTION REQUIRED		Pass	Yes

Inspector Name: SCHURE, KYM

04/26/1996	500153168	ID	TA			Fail	Yes
01/23/1996	500153167	PR	SI			Fail	Yes
11/16/1994	500153166		SI			Fail	Yes

Inspector Comment:

UIC/MIT Casing held 1550 psi. thru duration of 15 min. test. Loss or Gain = 0 psi. SATISFACTORY Form 21 Attached Form 42 Doc. # 401069761

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
116260	PIT		09/23/1999		-	W.E. DICKINSON	<input type="checkbox"/>
159143	UIC DISPOSAL	AC	09/20/2005		-	DICKINSON #2	AC <input checked="" type="checkbox"/>
219644	WELL	IJ	09/05/2006	DSPW	075-06619	DICKINSON 2	IJ <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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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

Equipment:				
Type: Other	# 0	Satisfactory/Action Required: SATISFACTORY		
Comment	No change in equipment			
Corrective Action				Date:

Venting:	
Yes/No	
Comment	

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

Predrill

Location ID: 219644

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

S/AR: _____

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

Form 2A COAs:

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

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: 159143 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 219644 Type: WELL API Number: 075-06619 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: OSND
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: 08/01/2011
			AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 1550 BH psi: _____

Insp. Status: Pass

Comment: Casing pressure before test =0 psi. Casing pressure @ start = 1550 psi. Casing pressure @ 5 min. = 1550 psi. Casing pressure @ 10 min. = 1550 psi. Casing pressure @ 15 min. = 1550 psi. Loss or Gain = 0 No problems observed.

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? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____
 CM _____
 CA _____ CA Date _____

Guy line anchors marked? _____
 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	Other	Pass			

Inspector Name: SCHURE, KYM

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

Comment: Use BMP's for stormwater erosion control and management

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680300811	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895566