

**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:  
07/07/2016  
Document Number:  
680300817  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>219654</u>	<u>312219</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number:	<u>17180</u>
Name of Operator:	<u>CITATION OIL &amp; 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
Koehler, Bob		bob.koehler@state.co.us	
Wolff, Geoff	719-767-8851 off/10282	gwolff@cogc.com	719-340-4637 cell
Quint, Craig		craig.quint@state.co.us	

**Compliance Summary:**

QtrQtr: NWSW 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	680300078	IJ	IJ	SATISFACTORY			No
07/24/2014	667200240	IJ	IJ	SATISFACTORY			No
07/25/2013	664001147	IJ	SI	SATISFACTORY			No
07/31/2012	663300341	IJ	IJ	SATISFACTORY	I		No
07/18/2012	663400635	IJ	AC	<b>ACTION REQUIRED</b>			No
08/15/2011	200318151	MI	SI	SATISFACTORY			No
08/25/2010	200268049	MI	SI	SATISFACTORY			No
08/04/2009	200216066	MI	AC	SATISFACTORY			No
05/29/2009	200211307	RT	AC	SATISFACTORY			No
08/01/2008	200193725	MI	AC	SATISFACTORY			No
07/13/2007	200115934	MI	AC	SATISFACTORY		Pass	No
04/02/2007	200108563	RT	AC	SATISFACTORY		Pass	No
02/20/2007	200105786	RT	AC	SATISFACTORY		Pass	No
11/16/2006	200099567	RT	AC	SATISFACTORY		Pass	No
10/31/2006	200099071	RT	AC	SATISFACTORY		Pass	No
06/14/2006	200093872	MI	AC	SATISFACTORY		Pass	No
09/16/2005	200077001	MI	AC	SATISFACTORY		Pass	No
08/25/2005	200076000	RT	AC	<b>ACTION REQUIRED</b>		<b>Fail</b>	Yes

Inspector Name: SCHURE, KYM

07/23/2004	200057280	MI	AC	SATISFACTORY		Pass	No
07/15/2003	200041599	MI	AC	SATISFACTORY		Pass	No
08/20/2002	200029721	MI	AC	SATISFACTORY		Pass	No
08/14/2002	200029457	MI	SI	ACTION REQUIRED		Fail	Yes
08/02/2002	200029315	MI	AC	ACTION REQUIRED		Fail	Yes
07/31/2001	200018294	MI	SI	SATISFACTORY		Pass	No
06/07/2000	200007315	MI	AC	SATISFACTORY		Pass	No
03/29/1999	500153182	CO					
06/25/1996	500153176	MI	AC			Pass	No
11/16/1994	500153175		AC			Pass	

**Inspector Comment:**

UIC/MIT SATISFACTORY Casing pressure before start = 0 psi. Casing pressure @ start = 1350 psi. Casing pressure @ 5 min. = 1350 psi. Casing pressure @ 10 min. = 1350 psi. Casing pressure @ 15 min. = 1350 psi. Loss or Gain = 0 psi. Form 21 attached. Form 42 Doc# 401069774

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150098	UIC DISPOSAL	CL	01/19/1968		-	DICKINSON 4 (JSND ONLY)	CL	<input type="checkbox"/>
150307	UIC DISPOSAL	AC	05/01/1991		-	DICKINSON 4 (DJ & O)	AC	<input checked="" type="checkbox"/>
219654	WELL	IJ	09/18/2006	DSPW	075-06630	DICKINSON W E 4	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 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

**Signs/Marker:**

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Equipment:</b>				
Type: Other	# 0	Satisfactory/Action Required: SATISFACTORY		
Comment	No change in equipment on-site.			
Corrective Action				Date:

<b>Venting:</b>	
Yes/No	
Comment	

<b>Flaring:</b>			
Type	Satisfactory/Action Required		
Comment:			
Corrective Action:			Correct Action Date:

**Predrill**

Location ID: 219654

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: 150307 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 219654 Type: WELL API Number: 075-06630 Status: IJ Insp. Status: IJ

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 07/24/2014

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: 5 Year \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: 1350 \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: Casing pressure before start = 0 psi. Casing pressure @ start = 1350 psi. Casing pressure @ 5 min. = 1350 psi. Casing pressure @ 10 min. = 1350 psi. Casing pressure @ 15 min. = 1350 psi. Loss or Gain = 0 psi.

**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  
Y

Corrective Date: \_\_\_\_\_

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
680300820	Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3897653">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3897653</a>