

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:
680300816
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>219675</u> | <u>312222</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 TX</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 |
|--------------|---------------------------|-------------------------|-------------------|
| Quint, Craig | | craig.quint@state.co.us | |
| Koehler, Bob | | bob.koehler@state.co.us | |
| Wolff, Geoff | 719-767-8851 off/10282 | gwolff@cogc.com | 719-340-4637 cell |

Compliance Summary:

QtrQtr: SESW Sec: 31 Twp: 10N 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 | 680300076 | SI | SI | SATISFACTORY | | | No |
| 07/24/2014 | 667200238 | SI | SI | SATISFACTORY | | | No |
| 07/25/2013 | 664001148 | SI | SI | SATISFACTORY | | | No |
| 07/31/2012 | 663300340 | SI | SI | SATISFACTORY | I | | No |
| 07/18/2012 | 663400634 | SI | TA | ACTION REQUIRED | P | | No |
| 08/09/2011 | 200317484 | MI | TA | SATISFACTORY | | | No |
| 08/25/2010 | 200268601 | SR | SI | SATISFACTORY | I | | No |
| 08/10/2010 | 200266489 | MI | SI | SATISFACTORY | | | No |
| 08/10/2010 | 200266815 | RT | AC | ACTION REQUIRED | | | Yes |
| 08/04/2009 | 200216065 | MI | AC | SATISFACTORY | | | No |
| 08/01/2008 | 200193713 | MI | AC | SATISFACTORY | | | No |
| 07/24/2007 | 200115995 | MI | SI | SATISFACTORY | | Pass | No |
| 02/20/2007 | 200105788 | RT | SI | SATISFACTORY | | Pass | No |
| 10/31/2006 | 200099073 | RT | SI | SATISFACTORY | | Pass | No |
| 07/13/2006 | 200094435 | MI | SI | SATISFACTORY | | Pass | No |
| 04/19/2005 | 200070161 | CC | SI | SATISFACTORY | | Pass | No |
| 04/19/2005 | 200070159 | MI | SI | SATISFACTORY | | Pass | No |
| 07/23/2004 | 200057282 | RT | AC | SATISFACTORY | | Pass | No |

Inspector Name: SCHURE, KYM

| | | | | | | | |
|------------|-----------|----|----|------------------------|--|-------------|-----|
| 07/15/2003 | 200041600 | RT | AC | SATISFACTORY | | Pass | No |
| 08/02/2002 | 200032448 | RT | AC | SATISFACTORY | | Pass | No |
| 07/31/2001 | 200018298 | MI | AC | SATISFACTORY | | Pass | No |
| 08/29/2000 | 200009273 | MI | AC | SATISFACTORY | | Pass | No |
| 08/24/2000 | 200009277 | RT | AC | ACTION REQUIRED | | Fail | Yes |
| 06/07/2000 | 200007316 | MI | SI | SATISFACTORY | | Pass | No |

Inspector Comment:

UIC/MIT SATISFACTORY Casing pressure before start = 0 psi. Casing pressure @ start = 1400 psi. Casing pressure @ 5 min. = 1400 psi. Casing pressure @ 10 min. = 1400 psi. Casing pressure @ 15 min. = 1400 psi. Loss or Gain = 0 psi. Form 21 attached. Form 42 Doc# 401069788

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|--------------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 150101 | UIC DISPOSAL | CL | 02/26/1985 | | - | SINDT 2 | CL | <input type="checkbox"/> |
| 159178 | UIC DISPOSAL | AC | 05/22/2007 | | - | SINDT ARTHUR #2 WD | AC | <input checked="" type="checkbox"/> |
| 219675 | WELL | SI | 09/09/2008 | DSPW | 075-06668 | SINDT ARTHUR 2 WD | SI | <input checked="" type="checkbox"/> |
| 274870 | PIT | AC | 11/24/2004 | | - | ARTHUR SINDT #2-WD | AC | <input 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: _____

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: 219675

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: 159178 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 219675 Type: WELL API Number: 075-06668 Status: SI Insp. Status: SI

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 _____ AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: 1400 BH psi: _____

Insp. Status: Pass

Comment: Pressure held 1400 psi. throughout duration of (15) min. test. 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 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 |
|--------------|---------------------|---|
| 680300816 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3897662 |
| 680300819 | Form 21 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3897652 |