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

FIELD INSPECTION FORM

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

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection ☐
	219654	312219	SCHURE, KYM	2A Doc Num:

Operator Information:

OGCC Operator Number: 17180
Name of Operator: CITATION OIL & GAS CORP
Address: 14077 CUTTEN RD
City: 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
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	ACTION REQUIRED			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	ACTION REQUIRED		Fail	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	
150307	UIC DISPOSAL	AC	05/01/1991		-	DICKINSON 4 (DJ & O)	AC	X
219654	WELL	IJ	09/18/2006	DSPW	075-06630	DICKINSON W E 4	IJ	X

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:

Inspector Name: SCHURE, KYM

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

☐ Multilple 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 on-site.		
Corrective Action			Date:

Venting:

Yes/No	
Comment	

Flaring:

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:	Type:	API Number:	Status:	Insp. Status:
150307	UIC	-	AC	AC
219654	WELL	075-06630	IJ	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:

Lat Long

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ _____

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: SATISFACTORY 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
680300817	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3897663
680300820	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3897653