

FORM  
INSPRev  
X/15

**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:

03/17/2017

Submitted Date:

03/28/2017

Document Number:

680301798

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
312219 \_\_\_\_\_ SCHURE, KYM \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION  
 FOLLOW UP INSPECTION REQUIRED  
 NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**

OGCC Operator Number: 17180  
 Name of Operator: CITATION OIL & GAS CORP  
 Address: 14077 CUTTEN RD  
 City: HOUSTON State: TX Zip: 77269

**Findings:**

7 Number of Comments  
 0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Wolf, Geoff		gwolf@cogc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150307	UIC DISPOSAL	AC	05/01/1991		-	DICKINSON 4 (DJ & O)	AC
219654	WELL	IJ	09/18/2006	DSPW	075-06630	DICKINSON W E 4	IJ

**General Comment:**

[Routine Site Inspection](#)

<b>Location</b>			
<b>Lease Road:</b>			
Type	Access		
comment:	Two track Satisfactory		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	
<b>Emergency Contact Number:</b>			
Comment:	Satisfactory		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type: Other	# 0		corrective date
Comment:	Wellhead in place IJ		
Corrective Action:		Date:	
<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

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

**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: _____
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: _____
			AnnMTReq: _____

Comment: Site Inspection - No problems observed

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

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

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

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

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

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

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

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	In Process	Other	In Process			

Comment: [Use BMP's for stormwater erosion management](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT