

**FORM  
INSP**

Rev  
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:

05/18/2017

Submitted Date:

05/18/2017

Document Number:

679902555

**FIELD INSPECTION FORM**

Loc ID 321695 Inspector Name: Welsh, Brian On-Site Inspection  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:**

- 3 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com	
Quint, Craig		craig.quint@state.co.us	
Kennedy, Herschel	719-767-8851	hkennedy@cogc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207804	WELL	IJ	01/20/2012	ERIW	017-06739	ARAPAHOE UNIT 128 (34-25)	AC

**General Comment:**

*(This area is intentionally left blank for general comments.)*

**Location**

**Lease Road:**

Type Access

comment: Gravel road through pasture

Corrective ActionL

Date:

Overall Good:

**Signs/Marker:**

Type WELLHEAD

Comment: Lease sign by unit

Corrective Action:

Date:

**Emergency Contact Number:**

Comment:

Corrective Action:

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

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No

Comment:

Corrective Action:

Date:

**Flaring:**

Type

Comment:

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 207804 Type: WELL API Number: 017-06739 Status: IJ 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: <u>MRRW</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>03/16/2016</u>
			AnnMTReq: _____

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

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

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

Test Type: Verification of Repairs Tbg psi: 0 PSI Csg psi: 0 PSI BH psi: \_\_\_\_\_

Insp. Status: Pass

Comment: INITIAL CSG DEAD. MIRU EXTREME HEAT. LOADED W/1BBL. PRESSURED CSG TO 710 PSIG. 5 MIN 710#. 10 MIN 710#. 15 MIN 710#. 0 PSI LOSS

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

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

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

**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
679902556	Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4151063">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4151063</a>