

**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:

07/13/2017

Submitted Date:

07/13/2017

Document Number:

679902765

FIELD INSPECTION FORM

Loc ID 321907 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:

- 6 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 | |
| Rogers, Bob | 719-767-8851 | brogers@cogc.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 208470 | WELL | IJ | 02/01/2017 | ERIW | 017-07405 | SPEAKER 44-13 8 | AC |

General Comment:

[Routine UIC Inspection](#)

Location

| | | | |
|--------------------|--|--|-------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Partially elevated gravel road through pasture | | |
| Corrective ActionL | | | Date: |

Overall Good:

| | | | |
|----------------------|--------------------------|--|-------|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by meter shed | | |
| Corrective Action: | | | Date: |

| | | | |
|----------------------------------|---|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | <input style="width: 100%;" type="text"/> | | |
| Corrective Action: | <input style="width: 100%;" type="text"/> | | Date: _____ |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|---|--|-------|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Metal panels around wellhead and meter shed | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------|---------------------------------------|--|-----------------|
| Equipment: | | | corrective date |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Electric panel and cathodic rectifier | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|----|--|-------|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|-----------------|--|--|--|
| Flaring: | | | |
| Type | | | |

| | |
|--------------------|-------|
| Comment: | |
| Corrective Action: | Date: |

Inspected Facilities

Facility ID: 208470 Type: WELL API Number: 017-07405 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>560 PSIG</u> (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg <u>0 PSIG</u> | Previous Test Pressure _____ | Inj Zone: <u>MRRW</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>09/20/2013</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: CASING HAD A STRONG BLOW WITH FLUID TO SFC. TBG IJ @ 560 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT