

**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:

679902769**FIELD INSPECTION FORM**
 Loc ID 321865 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 17180Name of Operator: CITATION OIL & GAS CORPAddress: 14077 CUTTEN RDCity: HOUSTON State: TX Zip: 77269**Status Summary:**

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

**Findings:**6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name   | Phone        | Email                   | Comment |
|----------------|--------------|-------------------------|---------|
| Rogers, Bob    | 719-767-8851 | brogers@cogc.com        |         |
| Elsom, Lee Ann | 281-891-1577 | lelsom@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 |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 208273      | WELL | IJ     | 08/27/1991  | DSPW       | 017-07208 | BLED SOE 13-31 9 | AC          |

**General Comment:**Routine UIC Inspection

**Location**

|                    |                                                |       |  |
|--------------------|------------------------------------------------|-------|--|
| <b>Lease Road:</b> |                                                |       |  |
| Type               | Access                                         |       |  |
| comment:           | Partially elevated gravel road through pasture |       |  |
| Corrective Action  | L                                              | Date: |  |

Overall Good: ☒

|                      |                               |       |  |
|----------------------|-------------------------------|-------|--|
| <b>Signs/Marker:</b> |                               |       |  |
| Type                 | WELLHEAD                      |       |  |
| Comment:             | Lease sign by fiberglass shed |       |  |
| Corrective Action:   |                               | Date: |  |

|                           |       |  |  |
|---------------------------|-------|--|--|
| Emergency Contact Number: |       |  |  |
| Comment:                  |       |  |  |
| Corrective Action:        |       |  |  |
|                           | Date: |  |  |

Overall Good: ☒

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                           |                    |       |                 |
|---------------------------|--------------------|-------|-----------------|
| <b>Equipment:</b>         |                    |       | corrective date |
| Type: Ancillary equipment | # 1                |       |                 |
| Comment:                  | Cathodic rectifier |       |                 |
| Corrective Action:        |                    | Date: |                 |
| Type: Deadman # & Marked  | # 4                |       |                 |
| Comment:                  |                    |       |                 |
| Corrective Action:        |                    | Date: |                 |

**Tanks and Berms:**

|                    |                                        |          |                |         |                       |
|--------------------|----------------------------------------|----------|----------------|---------|-----------------------|
| Contents           | #                                      | Capacity | Type           | Tank ID | SE GPS                |
| PRODUCED WATER     | 2                                      | 400 BBLS | FIBERGLASS AST |         | 38.959320,-103.055020 |
| Comment:           | Tank battery is 1600' west of wellhead |          |                |         |                       |
| Corrective Action: |                                        |          |                |         | Date:                 |

**Paint**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Condition        |  |  |  |  |  |
| Other (Content)  |  |  |  |  |  |
| Other (Capacity) |  |  |  |  |  |
| Other (Type)     |  |  |  |  |  |

**Berms**

|       |          |                     |                     |             |
|-------|----------|---------------------|---------------------|-------------|
| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent     | Base Sufficient     | Adequate    |

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

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**Facility ID: 208273 Type: WELL API Number: 017-07208 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg -16" HG Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: ABCK

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 05/11/2016

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

Comment: CASING HAD A STRONG BLOW THAT DIED IMMEDIATELY. TBG IJ @ -16" VACUUM

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

Method of Injection: GRAVITY 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