

**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:

04/25/2018

Submitted Date:

04/25/2018

Document Number:

679904314

FIELD INSPECTION FORM

Loc ID 321687 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:

- 9 Number of Comments
- 0 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
207782	WELL	IJ	11/29/1989	ERIW	017-06717	GRAYS STATE 24-36 5	AC

General Comment:

Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Partially elevated gravel road through pasture		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by metal shed		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Sticker on tank		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	OTHER		
Comment:	Metal panels around cathodic rectifier		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Metal panels around tank		
Corrective Action:		Date:	

Equipment:					corrective date
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:		Date:			
Type: Ancillary equipment	# 1				
Comment:	Cathodic rectifier				
Corrective Action:		Date:			

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
OTHER	1	100 BBLS	STEEL AST		38.954178,-103.062896	

Comment:	Steel vent tank on north side of metal shed. Tank is empty at time of inspection	Date:	
Corrective Action:		Date:	

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 207782 Type: WELL API Number: 017-06717 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>240 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>04/18/2017</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A STRONG BLOW, DIED WITHIN A MINUTE. TBG IJ @ 240 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