

**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:

06/05/2018

Submitted Date:

06/05/2018

Document Number:

677900468

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:

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

Contact Information:

Contact Name	Phone	Email	Comment
Kennedy, Herschel	719-767-8851	hkennedy@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
207804	WELL	IJ	01/20/2012	ERIW	017-06739	ARAPAHOE UNIT 128 (34-25)	TA

General Comment:

[Routine UIC Inspection](#)

Location			
Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by unit		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	Pipe and panels laying around location need to be removed from location or stored neatly		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	OTHER		
Comment:	Wire panels around telemetry equipment		
Corrective Action:			Date:
Equipment:			
Type: Prime Mover	# 0		corrective date
Comment:	Removed from unit		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:	Lufkin 228. Horsehead removed and stored neatly on location		
Corrective Action:			Date:
Type: Ancillary equipment	# 3		
Comment:	Electric panel, cathodic rectifier and telemetry equipment		

Corrective Action:		Date:	
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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: TA

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 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>05/18/2017</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT VACUUM, DIED IMMEDIATELY. TBG WAS DEAD

Corrective Action: Date: _____

Method of Injection: _____

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