

**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:

06/28/2018

Submitted Date:

06/28/2018

Document Number:

677900643**FIELD INSPECTION FORM**

Loc ID 324858 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:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213238	WELL	IJ	09/17/1993	ERIW	061-06600	SCHNEIDER 34-1 3	AC

General Comment:Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Gravel road through farm ground		
Corrective Action:		Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by VGS		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Stickers on chemical tank		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 4		
Comment:	Overhead chemical tank and chemical tote w/containment, electric panel cathodic rectifier at REA pole		
Corrective Action:		Date:	
Type: Compressor	# 1		
Comment:	Nitrogen generation unit and portable gas compressor		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:	Vertical gas separator by chemical tank		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

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Inspected FacilitiesFacility ID: 213238 Type: WELL API Number: 061-06600 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 350 PSIG Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: MRRW

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/18/2017

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ 350 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	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT