

**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:

08/16/2018

Submitted Date:

08/20/2018

Document Number:

680303743

FIELD INSPECTION FORM

Loc ID 311741 Inspector Name: SCHURE, KYM 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:

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

Contact Information:

Contact Name	Phone	Email	Comment
Wolff, Geoff		gwolff@cogc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
220989	WELL	IJ	07/11/1996	DSPW	075-09115	ARCO-SINDT 6-15	UN

General Comment:

UIC Routine 2018 - SATISFACTORY

Location

Lease Road:			
Type	Access		
comment:	Satisfactory		
Corrective Action:			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:				corrective date
Type: Other	# 0			
Comment:	No change in equipment inventoried			
Corrective Action:				Date:

Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 220989 Type: WELL API Number: 075-09115 Status: IJ Insp. Status: UN

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>1300</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>DJSND</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>05/17/2017</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____

Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____

Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	In Process	Other	In Process			
Comment: <input type="text" value="Use BMP's for stormwater erosion management"/>						Date: _____
Corrective Action: <input type="text"/>						
Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT						

<u>COGCC Comments</u>		
Comment	User	Date
UIC Routine - 2018 - SATISFACTORY	schureky	08/20/2018