

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
401799548

Date Received:
10/17/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 17180

Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Elsom, Lee Ann</u>	<u>(281) 891-1577</u>	<u>lelsom@cogc.com</u>
<u>Elsom, Lee Ann</u>	<u>(281) 891-1577</u>	<u>lelsom@cogc.com</u>
<u>Kennedy, Herschel</u>	<u>719-767-8851 off/51922</u>	<u>hkennedy@cogc.com</u>
<u>Rogers, Bob</u>	<u>719-767-8851/77900</u>	<u>brogers@cogc.com</u>
<u>Kennedy, Herschel</u>	<u>719-767-8851 off/51922</u>	<u>hkennedy@cogc.com</u>
<u>Rogers, Bob</u>	<u>719-767-8851/77900</u>	<u>brogers@cogc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 682600548

Inspection Date: 09/13/2018

FIR Submit Date: 09/17/2018

FIR Status: _____

Inspected Operator Information:

Company Name: CITATION OIL & GAS CORP

Company Number: 17180

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

LOCATION - Location ID: 321648

Location Name: MPU-613S48W Number: 27SESW County: CHEYENNE

Qtrqtr: SESW Sec: 27 Twp: 13S Range: 48W Meridian: 6

Latitude: 38.882370 Longitude: -102.771173

FACILITY - API Number: 05-017-00 Facility ID: 207651

Facility Name: MPU Number: 24-27

Qtrqtr: SESW Sec: 27 Twp: 13S Range: 48W Meridian: 6

Latitude: 38.882370 Longitude: -102.771173

CORRECTIVE ACTIONS:

1 CA# 118763

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a.

Date: 10/18/2018

Response: CA COMPLETED

Date of Completion: 09/21/2018

Operator
Comment:

Tighten casing ring, cleaned well head and changed stuffing box rubbers, removed stained soil.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Lee Ann Elsom

Signed:

Title: Mgr Regulatory Compliance

Date: 10/17/2018 10:35:47 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files