

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

401799919

Date Received:

10/17/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com
Kennedy, Herschel	719-767-8851 off/51922	hkennedy@cogc.com
Rogers, Bob	719-767-8851/77900	brogers@cogc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 682600554
Inspection Date: 09/13/2018 FIR Submit Date: 09/18/2018 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: 321634

Location Name: MPU 44-30-613S47W Number: 30SESE County: CHEYENNE
Qtrqtr: SESE Sec: 30 Twp: 13S Range: 47W Meridian: 6
Latitude: 38.882867 Longitude: -102.706642

FACILITY - API Number: 05-017-00 Facility ID: 207588

Facility Name: MPU 44-30 Number: 1
Qtrqtr: SESE Sec: 30 Twp: 13S Range: 47W Meridian: 6
Latitude: 38.882867 Longitude: -102.706642

CORRECTIVE ACTIONS:

1 CA# 118776

Corrective Action: Complete flowline and crude oil transfer line abandonments to comply with Rule 1105. Date: 10/19/2018

Response: CA COMPLETED Date of Completion: 09/21/2018

Flowline & gas line tagged out and plugged.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

2 CA# 118777

Corrective Action: Install sign to comply with Rule 210.e.

Date: 10/19/2018

Response: CA COMPLETED

Date of Completion: 09/21/2018

Operator
Comment:

Riser off location on this well belong to DCP, we have had many conversation with DCP on other well sites about removing the risers and they refuse to do so.

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 12:29:37 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files