

**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:

04/04/2019

Submitted Date:

04/08/2019

Document Number:

692601623

FIELD INSPECTION FORM

Loc ID 324858 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:

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

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Kennedy, Herschel	719-767-8851	hkennedy@cogc.com	
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com	
Wolff, Geoffrey	719-340-4637	gwolff@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	WK

General Comment:

[Frac 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:	

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 213238 Type: WELL API Number: 061-06600 Status: IJ Insp. Status: WK

Well Stimulation

Stimulation Company: ProStim Stimulation Type: HYDRAULIC FRAC
Other: _____

Observation:

Maximum Casing Recorded: 100 PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: _____ Instantaneous Shut-In Pressure (ISIP) 1600
Bradenhead Psi: 0 Frac Flow Back: Fluid: _____ Gas: _____

Comment: ProStim on location to fracture gas injection well with 290bbls at ~2700PSI average. No flowback from frac. Well will be put back online for injection after SI period.

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