

**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:

05/08/2019

Submitted Date:

05/08/2019

Document Number:

680304978

FIELD INSPECTION FORM

Loc ID 312219 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:

- 9 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
Wolff, Geoff		gwolff@cogc.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219654	WELL	IJ	09/18/2006	DSPW	075-06630	DICKINSON W E 4	SI

General Comment:

UIC/MIT (Annual) - Tubing cemented in casing. SATISFACTORY
Form 42 Doc#402025775 received
Form 21 copy attached

Location			
Lease Road:			
Type	Access		
comment:	Two track - AG property		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	Satisfactory		Date: _____
Corrective Action:			
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
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: 219654 Type: WELL API Number: 075-06630 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 05/09/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 1500 BH psi: _____

Insp. Status: Pass

Comment: This is an annual UIC/MIT. Tubing is cemented in casing (tubing treated as casing). Well held (1500)psi. throughout duration of (15) min. test. Form 21 copy attached.

Corrective Action: _____ Date: _____

BradenHead

Comment: Checked well pressure and performed blow down prior to UIC/MIT.

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	In Process	Other	In Process			

Comment: [Use BMP's for erosion management.](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
UIC/MIT	schureky	05/08/2019

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680304979	Form 21 copy	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4818493