

**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:

04/02/2020

Submitted Date:

04/03/2020

Document Number:

699600652

FIELD INSPECTION FORM

Loc ID 312222 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:

- 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
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
219675	WELL	SI	08/01/2019	DSPW	075-06668	SINDT ARTHUR 2 WD	SI

General Comment:

Annual UIC-MIT performed - SATISFACTORY - Tubing cemented in hole serving as casing for prod./inj./testing. Annual MIT per COA
Note to Operator: Please submit Form 21 via COGCC e-file using FIR Doc# 699600652
Form 42 Doc#402352978 received
Form 21 copy attached

Inspected Facilities

Facility ID: 219675 Type: WELL API Number: 075-06668 Status: SI 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: JSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 04/03/2019
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: 390 BH psi: _____

Insp. Status: Pass

Comment: Annual UIC/MIT per COA. Well held (390#psi) throughout duration of (15) test. Form 21 copy attached. Tubing cemented in hole, treated as casing for prod./inj./testing SATISFACTORY

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: UIC MIT

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Follow-up FIR per COA. Annual UIC/MIT performed - SATISFACTORY</u>	schureky	04/03/2020

Attached Documents

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

Document Num	Description	URL
699600662	Form 21 signed copy	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5115175