

**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:

07/08/2020

Submitted Date:

07/08/2020

Document Number:

701000968**FIELD INSPECTION FORM**

Loc ID 321693 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 17180Name of Operator: CITATION OIL & GAS CORPAddress: 14077 CUTTEN RDCity: HOUSTON State: TX Zip: 77269**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☐ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**6 Number of Comments0 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	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207802	WELL	IJ	10/03/2016	ERIW	017-06737	ARAPAHOE UNIT 151 (43-21)	AC

**General Comment:**Routine UIC Inspection

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Gravel road through farm ground		
Corrective Action:		Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:			
Corrective Action:			
	Date:		

Overall Good: ☒

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Ancillary equipment	# 2		
Comment:	Electric panel and cathodic rectifier		
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**Facility ID: 207802 Type: WELL API Number: 017-06737 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 280 PSIG Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: MRRWTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure \_\_\_\_\_ Last MIT: 04/18/2017Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: NOComment: CASING HAD LIGHT BLOW, DIED IMMEDIATELY. TBG IJ @ 280 PSIG

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT