

**FORM
INSP**

Rev
X/20

**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:

06/02/2021

Submitted Date:

06/04/2021

Document Number:

701003074

FIELD INSPECTION FORM

Loc ID 321849 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: 77069

Findings:

- 7 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 |
|-------------------|----------------|-------------------------|---------|
| Kennedy, Herschel | 719-767-8851 | hkennedy@cogc.com | |
| Quint, Craig | | craig.quint@state.co.us | |
| Morgan, John | | john.morgan@state.co.us | |
| Redweik, Bob | (281) 891-1550 | bredweik@cogc.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 208217 | WELL | IJ | 02/01/2017 | DSPW | 017-07152 | WAMSLEY SWD 11-5 | AC |

General Comment:

Routine UIC Inspection

Location

| | | | |
|--------------------|---------------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Gravel road through farm ground | | |
| Corrective Action: | | Date: | |

Overall Good:

| | | | |
|----------------------|---------------------------|-------|--|
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Stickers on tanks | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by metal shed | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | Stickers on chemical tank | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------------|--|-------|--|
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Overall Good:

| | | | |
|--|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |

| | | | |
|---------------------------|--|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Ancillary equipment | # 3 | | |
| Comment: | Electric panel, cathodic rectifier and chemical drum at tank battery | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | | | |
|-------------------------|---|----------|----------------|---------|-----------------------|
| Tanks and Berms: | | | | | |
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| PRODUCED WATER | 2 | 400 BBLs | FIBERGLASS AST | | 38.870960,-102.145810 |
| Comment: | | | | | |
| Corrective Action: | | Date: | | | |

| | |
|--------------|--|
| Paint | |
| Condition | |

| | |
|------------------|--|
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | |
|--------------------|--|-------|
| Yes/No | | |
| Comment: | | |
| Corrective Action: | | Date: |

Flaring:

| | |
|--------------------|-------|
| Type | |
| Comment: | |
| Corrective Action: | Date: |

Inspected Facilities

Facility ID: 208217 Type: WELL API Number: 017-07152 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|--|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>-20" Hg</u> (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg <u>0 PSIG</u> | Previous Test Pressure _____ | Inj Zone: <u>ABCK</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>04/27/2018</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: CASING HAD A LIGHT PUFF, DIED IMMEDIATELY. TBG IJ @ -20" Hg

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY 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 | Material Handling And Spill Prevention | Pass | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT