

**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:

09/28/2021

Submitted Date:

09/29/2021

Document Number:

693600477

FIELD INSPECTION FORM

Loc ID 324858 Inspector Name: QUINT, CRAIG 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:

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
290455	UIC ENHANCED RECOVERY	AC	05/03/2007		-	JACE UNIT	AC

General Comment:

UIC M.I.T after workover.

Location			
Lease Road:			
Type	Access		
comment:	Gravel road through farm ground.		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	CONTAINERS		
Comment:	Stickers on chemical tank		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by VGS		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			Date: _____
Corrective Action:			
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 4		
Comment:	Overhead chemical tank and chemical tote w/containment, electric panel cathodic rectifier at REA pole		
Corrective Action:		Date:	
Type: Compressor	# 1		
Comment:	Nitrogen generation unit and portable gas compressor		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:		
Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 213238 CDP: _____

Comment:

Corrective Action: Date: _____

Form 2A COAs:

Comment: No issues observed

Corrective Action: Date: _____

Wildlife BMPs:

Comment:

Corrective Action: Date: _____

Comment:

Corrective Action: Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 290455 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 0 BH psi: 0

Insp. Status: _____

Comment: Well was shut in for clean out and to replace packer. MIRU Prostim, load casing w/7 bbl packer fluid, pressure casing to 1130 psig, 5 min/1120#, 10 min/1120#, 15 min/1120#, -10# pressure loss, (Pass).

Corrective Action: _____ Date: _____

Workover

Comment: Eastern Colorado Well Service Rig #41, Tripping pipe, clean out well.

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? Pass

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment:

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

Comment:

Corrective Action:

Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
693600478	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5543291