

**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:

06/22/2022

Submitted Date:

06/22/2022

Document Number:

701005268

FIELD INSPECTION FORMLoc ID 321586 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 17180

Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77069

Status Summary:

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

Findings:

8 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	
Morgan, John		john.morgan@state.co.us	
Rogers, Bob	719-767-8851	brogers@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
207357	WELL	IJ	12/30/2004	DSPW	017-06292	MCCORMICK 11-3 13-WD	AC

General Comment:

Routine UIC Inspection

Location

Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
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 panels		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Sticker on chemical tank		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	Metal panels around tank battery		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Metal panels around wellhead and solar panel		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		

Corrective Action:		Date:	
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Inspected FacilitiesFacility ID: 207357 Type: WELL API Number: 017-06292 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -22" Hg Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: ABCK

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 10/25/2021

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD A STRONG VACUUM, DIED IMMEDIATELY. TBG IJ @ -22" 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