

**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:

08/08/2022

Submitted Date:

08/09/2022

Document Number:

701005584

**FIELD INSPECTION FORM**Loc ID 321642 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 17180

Name of Operator: CITATION OIL &amp; 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:**

5 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 |         |
| Rogers, Bob  | 719-767-8851   | brogers@cogc.com  |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 207627      | WELL | TA     | 11/02/1987  | GW         | 017-06562 | MPU 42-29 9   | TA          |

**General Comment:**

Routine Inspection

**Location**

|                    |  |       |  |
|--------------------|--|-------|--|
| <b>Lease Road:</b> |  |       |  |
| Type               | Access   |       |  |
| comment:           | Partially elevated gravel road through pasture |       |  |
| 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>Equipment:</b>         |                                       |       | corrective date |
| Type: Ancillary equipment | # 2                                   |       |                 |
| Comment:                  | Electric panel and cathodic rectifier |       |                 |
| Corrective Action:        |                                       | Date: |                 |
| Type: Deadman # & Marked  | # 4                                   |       |                 |
| Comment:                  |                                       |       |                 |
| Corrective Action:        |                                       | Date: |                 |

**Venting:**

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

**Flaring:**

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

| Inspected Facilities  |        |       |      |             |           |         |    |               |    |
|---|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:  | 207627 | Type: | WELL | API Number: | 017-06562 | Status: | TA | Insp. Status: | TA |
| Idle Well   |        |       |      |             |           |         |    |               |    |
| Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned |        |       |      |             |           |         |    |               |    |
| Reminder: _____   |        |       |      |             |           |         |    |               |    |
| Comment: Well is TA at time of inspection. Passing MIT performed on 6/4/19                          |        |       |      |             |           |         |    |               |    |
| 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            | Compaction              | 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   |
|--------------|----------------|---|
| 701005594    | location photo | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5824912">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5824912</a> |