

**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:

701005585

**FIELD INSPECTION FORM**Loc ID 321640 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
Rogers, Bob	719-767-8851	brogers@cogc.com	
Redweik, Bob	(281) 891-1550	bredweik@cogc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207619	WELL	TA	05/01/2019	OW	017-06554	SAYLES 33-29 4	TA

**General Comment:**

Routine Inspection

**Location****Lease Road:**

Type	Access		
comment:	Partially elevated gravel road through pasture		
Corrective Action:		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Ancillary equipment	# 2		corrective date
Comment:	Electric panel and cathodic rectifier		
Corrective Action:		Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	207619	Type:	WELL	API Number:	017-06554	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 3/26/19									
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
701005592	location photo	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5824913">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5824913</a>