

**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:

04/27/2023

Submitted Date:

04/28/2023

Document Number:

701006907

FIELD INSPECTION FORM

Loc ID 321638 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:

- 6 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	
Morgan, John		john.morgan@state.co.us	
Redweik, Bob	(281) 891-1550	bredweik@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
207607	WELL	IJ	07/01/2021	ERIW	017-06542	MPU 13-29	AC

General Comment:

Routine UIC Inspection

Location

Lease Road:

Type	Access				
comment:	Dirt road through CRP				
Corrective Action:				Date:	

Overall Good:

Signs/Marker:

Type	WELLHEAD				
Comment:	Lease sign mounted to meter shed				
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	WELLHEAD				
Comment:	Metal panels around wellhead and meter shed				
Corrective Action:				Date:	

Equipment:

					corrective date
Type: Ancillary equipment	# 2				
Comment:	Electric panel and cathodic rectifier				
Corrective Action:				Date:	
Type: Gas Meter Run	# 1				
Comment:					
Corrective Action:				Date:	
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No					
Comment:					
Corrective Action:				Date:	

Flaring:

Type					
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Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 207607 Type: WELL API Number: 017-06542 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>570 PSIG</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>MRRWB</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/19/2021</u>
			AnnMTReq: <u>NO</u>

Comment: CASING WAS DEAD. TBG IJ @ 570 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT