

**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:

06/09/2023

Submitted Date:

06/09/2023

Document Number:

701007059

FIELD INSPECTION FORMLoc ID 321695 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:

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
Kennedy, Herschel	719-767-8851	hkennedy@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
207804	WELL	TA	05/01/2018	ERIW	017-06739	ARAPAHOE UNIT 128 (34-25)	TA

General Comment:

5 Year UIC MIT

Location

Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign by unit		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:	Lufkin 228. Horsehead removed and stored neatly on location		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 3		
Comment:	Electric panel, cathodic rectifier and telemetry equipment		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 207804 Type: WELL API Number: 017-06739 Status: TA Insp. Status: TA**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: <u>MRRW</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/08/2018</u>
			AnnMTReq: <u>NO</u>

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 PSIG Csg psi: 0 PSIG BH psi: _____Insp. Status: PassComment: INITIAL CSG HAD WAS DEAD. MIRU PROSTIM. LOADED W/1.5BBL. PRESSURED CSG TO 350 PSIG. 5 MIN 340#. 10 MIN 340#. 15 MIN 340#. -10 PSI LOSS

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			

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
701007060	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6141995