

**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:

03/06/2024

Submitted Date:

03/13/2024

Document Number:

701008338

FIELD INSPECTION FORM

Loc ID 321907 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:

- 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	
Quint, Craig		craig.quint@state.co.us	
Taylor, Chad		chad.taylor@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208470	WELL	IJ	02/01/2017	ERIW	017-07405	SPEAKER 44-13 8	AC

General Comment:

Routine UIC Inspection

Location				
Lease Road:				
	Type	Access		
	comment:	Partially elevated gravel road through pasture		
	Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>				
Signs/Marker:				
	Type	WELLHEAD		
	Comment:	Lease sign by meter shed		
	Corrective Action:		Date:	
Emergency Contact Number:				
	Comment:	<input style="width: 100%;" type="text"/>		
	Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____
Overall Good: <input checked="" type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
	Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
	Type	WELLHEAD		
	Comment:	Metal panels around wellhead and meter shed		
	Corrective Action:		Date:	
Venting:				
	Yes/No			
	Comment:			
	Corrective Action:		Date:	
Flaring:				
	Type			
	Comment:			
	Corrective Action:		Date:	

Inspected Facilities

Facility ID: 208470 Type: WELL API Number: 017-07405 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>410 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>MRRW</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/12/2023</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAS A STRONG BLOW WITH FLUID TO SFC. TBG IJ @ 410 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	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT