

**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:

06/04/2024

Submitted Date:

06/04/2024

Document Number:

715200329

FIELD INSPECTION FORMLoc ID 324941 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC 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:

8 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 |
|--------------|----------------|-------------------------|---------|
| Morgan, John | | john.morgan@state.co.us | |
| Redweik, Bob | (281) 891-1550 | bredweik@cogc.com | |
| Rogers, Bob | 719-767-8851 | brogers@cogc.com | |
| Taylor, Chad | | chad.taylor@state.co.us | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 213679 | WELL | IJ | 02/15/2019 | ERIW | 063-06238 | SPEAKER-STATE 43-36 1 | SI |

General Comment:

Verification of Repairs/Reset packer UIC MIT

Location**Lease Road:**

| | | | |
|-------------------|---------------------------|-------|--|
| Type | Access | | |
| comment: | Two track through pasture | | |
| Corrective Action | L | Date: | |

Overall Good: ☒**Signs/Marker:**

| | | | |
|--------------------|----------------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | Lease sign by access | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Stickers on tanks | | |
| 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 | OTHER | | |
| Comment: | Metal panels around solar panel | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Metal panels around wellhead | | |
| Corrective Action: | | Date: | |
| Type | TANK BATTERY | | |
| Comment: | Tank battery is 3/4 fenced with wire | | |
| Corrective Action: | | Date: | |

Venting:

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

Flaring:

| | | |
|----------|--|--|
| Type | | |
| Comment: | | |

| | | | |
|--------------------|--|-------|--|
| Corrective Action: | | Date: | |
|--------------------|--|-------|--|

Inspected FacilitiesFacility ID: 213679 Type: WELL API Number: 063-06238 Status: IJ Insp. Status: SI**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>02/04/2019</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: -5" Hg Csg psi: 0 PSIG BH psi: _____Insp. Status: PassComment: INITIAL CSG WAS DEAD. MIRU SGB SOLUTIONS. LOADED W/1BBL. PRESSURED
CSG TO 370 PSIG. 5-MIN 360#. 10-MIN 360#. 15-MIN 360#. -10 PSI LOSSSubmit Form 21 (attached) within 30 days of MIT

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

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 ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

| | | |
|--------------|-------------|---|
| Document Num | Description | URL |
| 715200330 | Form 21 | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6574148 |