

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404252973

Date Received:
06/30/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 17180
Name of Operator: CITATION OIL & GAS CORP
Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77069

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Citation</u>		<u>ENV-CODNR@cogc.com</u>
<u>Bob Redweik</u>		<u>bredweik@cogc.com</u>
<u>Steffy Goncalves</u>		<u>SGoncalves@cogc.com</u>
<u>Jeremy Wagner</u>		<u>jwagner@cogc.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 713601835
Inspection Date: 01/28/2025 FIR Submit Date: 01/31/2025 FIR Status: _____

Inspected Operator Information:

Company Name: CITATION OIL & GAS CORP Company Number: 17180
Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77069

LOCATION - Location ID: 321614

Location Name: RHOADES 13-35-613S49W Number: 35NWSW County: CHEYENNE
Qtrqtr: NWS Sec: 35 Twp: 13S Range: 49W Meridian: 6
W
Latitude: 38.870758 Longitude: -102.863853

FACILITY - API Number: 05-017-00 Facility ID: 207522

Facility Name: RHOADES 13-35 Number: 1
Qtrqtr: NWS Sec: 35 Twp: 13S Range: 49W Meridian: 6
W
Latitude: 38.870758 Longitude: -102.863853

CORRECTIVE ACTIONS:

1 CA# 202237

Corrective Action: Install sign to comply with Rule 605.d. Date: _____

Response: CA COMPLETED Date of Completion: 06/16/2025

Operator Comment: Site signage is present and legible (see attachment A).

ECMC Decision: _____

ECMC Representative: _____

2 CA# 202251

Corrective Action: Install or repair required BMPs per Rule 1002.f.(2)C

Date: 02/14/2025

Response: CA COMPLETED

Date of Completion: 06/16/2025

Operator Comment: New culvert has been installed and site is now compliant with Rule 1002.f.(2) C. (See attachment A).

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Joel Mason

Signed: _____

Title: Agent

Date: 6/30/2025 3:28:19 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
404252973	FIR RESOLUTION SUBMITTED
404252978	Attachment A

Total Attach: 2 Files