

**FORM  
INSP**

Rev  
X/20

**State of Colorado  
Energy and Carbon Management Commission**

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



Inspection Date:

01/05/2026

Submitted Date:

01/09/2026

Document Number:

715203690

**FIELD INSPECTION FORM**

Loc ID 321711 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:**

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

**Findings:**

10 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 | <a href="#">EHS and Regulatory</a> |
| Kennedy, Herschel | 719-767-8851   | hkennedy@cogc.com |                                    |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 207831      | WELL | TA     | 09/01/2018  | GW         | 017-06766 | FRONTERA 24-13 18 | TA          |

**General Comment:**

[This is a field audit of the scout card, related documents and the location conducted by SE Compliance Specialist Brian Welsh](#)

**Location**

|                    |                                 |       |  |
|--------------------|---------------------------------|-------|--|
| <b>Lease Road:</b> |                                 |       |  |
| Type               | Access                          |       |  |
| comment:           | Gravel road through farm ground |       |  |
| Corrective Action: |                                 | Date: |  |

Overall Good:

|                      |                    |       |  |
|----------------------|--------------------|-------|--|
| <b>Signs/Marker:</b> |                    |       |  |
| Type                 | WELLHEAD           |       |  |
| Comment:             | Lease sign by unit |       |  |
| Corrective Action:   |                    | Date: |  |

|                                  |  |  |             |
|----------------------------------|--|--|-------------|
| <b>Emergency Contact Number:</b> |  |  |             |
| Comment:                         | <input style="width: 95%;" type="text"/> |  |             |
| Corrective Action:               | <input style="width: 95%;" type="text"/> |  | Date: _____ |

|                           |                               |       |  |
|---------------------------|-------------------------------|-------|--|
| <b>Good Housekeeping:</b> |                               |       |  |
| Type                      | STORAGE OF SUPL               |       |  |
| Comment:                  | Horsehead stored next to unit |       |  |
| Corrective Action:        |                               | Date: |  |

Overall Good:

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment:

Multiple Spills and Releases?

|                    |                              |       |  |
|--------------------|------------------------------|-------|--|
| <b>Fencing/:</b>   |                              |       |  |
| Type               | WELLHEAD                     |       |  |
| Comment:           | Metal panels around wellhead |       |  |
| Corrective Action: |                              | Date: |  |

|                           |                                       |       |                 |
|---------------------------|---------------------------------------|-------|-----------------|
| <b>Equipment:</b>         |                                       |       | corrective date |
| Type: Deadman # & Marked  | # 4                                   |       |                 |
| Comment:                  |                                       |       |                 |
| Corrective Action:        |                                       | Date: |                 |
| Type: Pump Jack           | # 1                                   |       |                 |
| Comment:                  | American 228                          |       |                 |
| Corrective Action:        |                                       | Date: |                 |
| Type: Ancillary equipment | # 2                                   |       |                 |
| Comment:                  | Electric panel and cathodic rectifier |       |                 |
| Corrective Action:        |                                       | Date: |                 |

|                 |  |  |  |
|-----------------|--|--|--|
| <b>Venting:</b> |  |  |  |
| Yes/No          |  |  |  |

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

**Flaring:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Inspected Facilities**

Facility ID: 207831 Type: WELL API Number: 017-06766 Status: TA Insp. Status: TA

**Producing Well**

Comment: [Central tank battery for \(Frontera Unit 13, 14, 15, 16, 17, 18, 19, 20\) 3100' E @ 38.741730/-102.054260](#)

Corrective Action:

Date:

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: [Well is TA time of inspection. Passing MIT performed on 11/7/22. Form 5B #403484009 was approved on 8/2/23](#)

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            | Other                   | 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   |
|--------------|--------------|---|
| 715203742    | pumping unit | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7419322">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7419322</a> |