

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Inspection Date:

01/31/2012

Document Number:

663900527

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>QUINT, CRAIG</u>
	<u>213739</u>	<u>324945</u>		

Operator Information:OGCC Operator Number: 17180 Name of Operator: CITATION OIL & GAS CORPAddress: PO BOX 690688City: HOUSTON State: TX Zip: 77269**Contact Information:**

Contact Name	Phone	Email	Comment
ELSOM, LEE ANN	281-891-1577 EXT 1577	llesom@cogc.com	
Wolff, Geoff	719-767-8851 off	gwoff@cogc.com	719-340-4637 cell
Rogers, Bob	719-767-8851	brogers@cogc.com	719-340-1445 cell

Compliance Summary:QtrQtr: NESW Sec: 35 Twp: 11S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/15/2011	200318241	MT	TA	U			Y
04/01/2011	200307064	PR	SI	U			Y
02/05/2010	200230342	PR	SI	U			Y
04/15/2008	200130441	PR	SI	U			Y
12/01/2006	200100434	PR	PR	S		P	N
12/20/2000	200012541	PR	PR	S	I	P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
213739	WELL	SI	08/24/2011	GW	063-06298	ANDERSON 23-35 1	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

<u>Lease Road:</u>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	2 track through pasture.		

<u>Signs/Marker:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Lease sign by wellhead.		

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<u>Fencing/:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Steel panels around wellhead.		

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	2	Satisfactory	gas fired cathodic rectifier, propane tank.		

<u>Venting:</u>				
Yes/No	Comment			

<u>Flaring:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 324945

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____

Phone Number: _____

Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: 213739 API Number: 063-06298 Status: SI Insp. Status: PA

Cement**Cement Contractor**

Contractor Name: Allied

Contractor Phone: 785-672-3452

Surface Casing

Cement Volume (sx):

Circulate to Surface:

Cement Fall Back:

Top Job, 1" Volume:

Intermediate Casing

Cement Volume (sxs):

Good Return During Job:

Production Casing

Cement Volume (sx):

Good Return During Job:

Plugging Operations

Depth Plugs(feet range): 2820/2080/485

Cement Volume (sx): 120

Good Return During Job: YES

Cement Type: CLASS A COM

Comment: CIBP W/2SX SET @ 5392 ON 8/15/2011, PEAK PERFED @ 2820 & SET CICR @ 2720 ON 1/26/2012, RIH W/TBG, MIRU ALLIED, EST RATE, PUMP 40 SX CEMENT, DIS W/10BBL WATER, LAY DOWN 18 JTS TBG TO 2079, RU ALLIED, LOAD HOLE W/6BBL WATER, PUMP 10 SX CMT CASING PLUG DIS W/7BBL WATER, POOH, RU PEAK, RIH W/GUN PERF @ 485, RU ALLIED AND LOAD HOLE W/9.5BBL W/RETURNS TO TANK, RU PEAK RIH W/CICR SET @ 385', RIH W/TBG, RU ALLIED, PUMP 50 SX CMT, DIS W/3BBL, SWAP HOSES, PUMP 10 SX CMT IN ANNULUS, SHUT VALVES, POOH W/TBG TO 60', FILL CASING TO SURFACE W/10 SX CEMENT.

Environmental**Spills/Releases:**

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Reportable: GPS: Lat Long

Proximity to Surface Water: Depth to Ground Water:

Water Well:

DWR Receipt Num: Owner Name: GPS: Lat Long

Field Parameters:

Sample Location:

Emission Control Burner (ECB):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use:

Comment:

Inspector Name: QUINT, CRAIG

1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: Unused areas of the location are crp grass (Pasture).

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Inspector Name: QUINT, CRAIG

Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Other	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____