

**FORM
INSP**Rev
X/15

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:

04/18/2017

Submitted Date:

04/20/2017

Document Number:

679902479**FIELD INSPECTION FORM**

Loc ID 324858 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:

Operator Information:OGCC Operator Number: 17180Name of Operator: CITATION OIL & GAS CORPAddress: 14077 CUTTEN RDCity: HOUSTON State: TX Zip: 77269**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Kennedy, Herschel	719-767-8851	hkennedy@cogc.com	
Quint, Craig		craig.quint@state.co.us	
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
213238	WELL	IJ	09/17/1993	ERIW	061-06600	SCHNEIDER 34-1 3	AC

General Comment:

Location**Lease Road:**

Type	Access		
comment:	Gravel road through farm ground		
Corrective Action:		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by separator		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Stickers on chemical tanks		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 213238 Type: WELL API Number: 061-06600 Status: IJ Insp. Status: AC**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>MRRW5</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/05/2012</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 430 PSI Csg psi: 0 PSI BH psi: _____Insp. Status: PassComment: INITIAL CSG HAD LIGHT BLOW, DIED IMMEDIATELY. MIRU EXTREME HEAT. LOADED W/1BBL. PRESSURED CSG TO 760 PSIG. 5 MIN 750#. 10 MIN 750#. 15 MIN 750#. -10 PSI LOSS

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	Material Handling And Spill Prevention	Pass	

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
679902487	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4129458