

**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:

05/17/2017

Submitted Date:

05/17/2017

Document Number:

680301959**FIELD INSPECTION FORM**

Loc ID 312219 Inspector Name: SCHURE, KYM 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:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Koehler, Bob		bob.koehler@state.co.us	
Wolf, Geoff		gwolf@cogc.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219654	WELL	IJ	09/18/2006	DSPW	075-06630	DICKINSON W E 4	IJ

General Comment:

UIC/MIT ANNUAL TEST SATISFACTORY Casing pressure before start = 0. Casing pressure @ start = 1350 psi. Casing pressure @ (5) min. = 1350 psi. Casing pressure @ (10) min. = 1350 psi. Casing pressure @ (15) min. = 1350 psi. Loss or Gain = 0.

Location**Lease Road:**

Type	Access		
comment:	Satisfactory		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

Corrective Action: _____ Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Equipment:**

Type: Other	# 0		corrective date
Comment:	No change to equipment inventoried		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 219654 Type: WELL API Number: 075-06630 Status: IJ Insp. Status: IJ**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: J-OTC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/07/2016

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: 1350 BH psi: _____Insp. Status: PassComment: UIC/MIT ANNUAL TEST Casing held 1350 psi. thru duration of (15) min. test. Loss or Gain = 0.

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
Other	In Process	Other	In Process			

Comment: [Use BMP's for stormwater erosion management](#)

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
680301964	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4149822