

**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:

07/27/2018

Submitted Date:

08/03/2018

Document Number:

692600036**FIELD INSPECTION FORM**
 Loc ID 321876 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:6 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com	
Koehler, Bob		bob.koehler@state.co.us	
Rogers, Bob	719-767-8851	brogers@cogc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208297	WELL	IJ	08/27/1991	DSPW	017-07232	BLED SOE 9-14	TA

General Comment:[Routine UIC Inspection](#)

Location**Lease Road:**

Type	Access		
comment:	Gravel road through pasture		
Corrective Action:		Date:	

Overall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:	Sticker on water tank		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign mounted to metal shed		
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?**Fencing/:**

Type	TANK BATTERY		
Comment:	Metal panels around water tank		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 208297 Type: WELL API Number: 017-07232 Status: IJ Insp. Status: TA

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: ABCK
 TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 07/12/2013
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD A LIGHT BLOW, DIED IMMEDIATELY. TBG WAS DEAD. WELL IS TA AT TIME OF INSPECTION. WELL IS PAST DUE FOR A MIT

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan Date: 08/13/2018

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT