

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

402284674

Date Received:

01/14/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 17180

Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Elsom, Lee Ann</u>	<u>281-891-1577</u>	<u>Lelsom@cogc.com</u>
<u>Kennedy, Herschel</u>	<u>719-340-1150</u>	<u>Hkennedy@cogc.com</u>
<u>Guthrie, Sara</u>	<u>281-891-1564</u>	<u>Sguthrie@cogc.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 700600032

Inspection Date: 12/12/2019

FIR Submit Date: 12/13/2019

FIR Status: _____

Inspected Operator Information:

Company Name: CITATION OIL & GAS CORP

Company Number: 17180

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

LOCATION - Location ID: 321934

Location Name: WINDING BROOK 44-25-614S45W Number: 25SESE County: _____

Qtrqtr: SESE Sec: 25 Twp: 14S Range: 45W Meridian: 6

Latitude: 38.799848 Longitude: -102.390463

FACILITY - API Number: 05-017-00 Facility ID: 321934

Facility Name: WINDING BROOK 44-25-614S45W Number: 25SESE

Qtrqtr: SESE Sec: 25 Twp: 14S Range: 45W Meridian: 6

Latitude: 38.799848 Longitude: -102.390463

CORRECTIVE ACTIONS:

1 CA# 135317

Corrective Action: Operator shall ensure calls to emergency number listed on lease signs are capable of contacting employees able to respond to emergency situations.

Date: 01/13/2020

Response: CA COMPLETED

Date of Completion: 01/13/2020

'Answer Topeka' is the 24/7 emergency service number that is listed on the lease sign. We have contacted the

Operator Comment: service and a new procedure has been put in place so as to better identify which state the emergency call is originating from so that it is properly directed the appropriate individuals.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 135318

Corrective Action: Submit Form 19 Initial. (at the time of issuance of this inspection operator has complied with this corrective action.)

Date: 12/13/2019

Response: CA COMPLETED

Date of Completion: 12/13/2019

Operator Comment: The initial Form 19 was submitted on 12/13/2019. An approval was issued 12/16/2019.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sara Guthrie

Signed: _____

Title: Reg Compliance Analyst II

Date: 1/14/2020 8:34:14 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files