

**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:

01/29/2020

Submitted Date:

01/29/2020

Document Number:

697000494

FIELD INSPECTION FORM
 Loc ID 321597 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 17180

Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

Status Summary:

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

Findings:

12 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested
**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**
Contact Information:

| Contact Name | Phone | Email | Comment |
|-------------------|--------------|-------------------|---------|
| Elsom, Lee Ann | 281-891-1577 | lelsom@cogc.com | |
| Kennedy, Herschel | 719-767-8851 | hkennedy@cogc.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------------|-------------|
| 207423 | WELL | PR | 10/09/1998 | GW | 017-06358 | DARNALL TRUST 24-17 1 (RE) | PR |

General Comment:

Routine Inspection

Location

| | | | |
|--------------------|-------------------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Dirt road along edge of farm ground | | |
| Corrective Action | L | Date: | |

Overall Good: ☒

| | | | |
|----------------------|------------------------|-------|--|
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Stickers on tanks | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | Lease sign by stairs | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Lease sign by wellhead | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|---------------------------------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Metal panels around wellhead | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | Metal panels around solar panel | | |
| Corrective Action: | | Date: | |
| Type | SEPARATOR | | |
| Comment: | Metal panels around metal shed | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------------|--------------------------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Vertical Separator | # 1 | | |
| Comment: | Vertical gas separator in metal shed | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------|--|-------|--|
| Type: Gas Meter Run | # 1 | | |
| Comment: | Meter run in metal shed | | |
| Corrective Action: | | Date: | |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Telemetry equipment and solar powered cathodic rectifier | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER | 1 | 300 BBLS | STEEL AST | | 39.002350,-102.366780 |
| Comment: | | | | | |
| Corrective Action: | | Date: | | | |

Paint

| | |
|------------------|--|
| Condition | |
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Comment: | | | | |
| Corrective Action: | | Date: | | |

Venting:

| | | |
|--------------------|-------|--|
| Yes/No | NO | |
| Comment: | | |
| Corrective Action: | Date: | |

Flaring:

| | |
|--------------------|-------|
| Type | |
| Comment: | |
| Corrective Action: | Date: |

| Inspected Facilities | | | | | | | | | |
|----------------------|-----------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 207423 | Type: | WELL | API Number: | 017-06358 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing | | | | | | | | |
| 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 | Compaction | Pass | | | |

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT