

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:

402476419

Date Received:

08/27/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Quint, Craig</u>		<u>craig.quint@state.co.us</u>
<u>Guthrie, Sara</u>	<u>281-891-1564</u>	<u>sguthrie@cogc.com</u>
<u>Kennedy, Herschel</u>	<u>719-767-8851</u>	<u>hkennedy@cogc.com</u>
<u>Leonard, Mike</u>		<u>mike.leonard@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 701000969

Inspection Date: 07/08/2020

FIR Submit Date: 07/14/2020

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: 321666

Location Name: ARAPAHOE UNIT-614S42W Number: 27NENW County: CHEYENNE
Qtrqr: NENW Sec: 27 Twp: 14S Range: 42W Meridian: 6
Latitude: 38.810920 Longitude: -102.102271

FACILITY - API Number: 05-017-00 Facility ID: 207723

Facility Name: ARAPAHOE UNIT Number: 145(21-27)
Qtrqr: NENW Sec: 27 Twp: 14S Range: 42W Meridian: 6
Latitude: 38.810920 Longitude: -102.102271

CORRECTIVE ACTIONS:

1 CA# 140425

Corrective Action: Perform MIT to verify integrity between csg and tbq. Contact COGCC Engineering for further directives

Date: 08/08/2020

Response: CA COMPLETED

Date of Completion: 07/24/2020

Citation Oil & Gas Corp. repaired a tubing leak and replaced 34 joints of tubing and packer. MIT was performed

Operator Comment: 7/24/2020 to confirm mechanical integrity. Form 21 was submitted online 7/31/2020.

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: 8/27/2020 12:09:52 PM

ATTACHMENT LIST

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

Document Number **Description**

402476426	Arapahoe 145 MIT
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Total Attach: 1 Files