

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

04/27/2023

Submitted Date:

04/28/2023

Document Number:

701006908

## FIELD INSPECTION FORM

 Loc ID 321813 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: 77069**Status Summary:**

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

**Findings:**5 Number of Comments1 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
Kennedy, Herschel	719-767-8851	hkennedy@cogc.com	
Redweik, Bob	(281) 891-1550	bredweik@cogc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208092	WELL	TA	03/30/2020	OW	017-07027	BILL 32-26 5	PA

**General Comment:**

P&amp;A Inspection

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Elevated gravel road through pasture		
Corrective ActionL		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Equipment:</b>				corrective date
Type: Ancillary equipment	# 2			
Comment:	Electric panel and cathodic rectifier			
Corrective Action:	Remove equipment from location		Date:	05/27/2023

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 208092 Type: WELL API Number: 017-07027 Status: TA Insp. Status: PA

**Cement**

Cement Contractor

Contractor Name: HP Oilfield Services

Contractor Phone: \_\_\_\_\_

Surface Casing

Cement Volume (sx): \_\_\_\_\_

Circulate to Surface: \_\_\_\_\_

Cement Fall Back: \_\_\_\_\_

Top Job, 1" Volume: \_\_\_\_\_

Intermediate Casing

Cement Volume (sxs): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Production Casing

Cement Volume (sx): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Plugging Operations

Depth Plugs(feet range): 620/sfc

Cement Volume (sx): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Cement Type: 60/40 POZ w/4% gel

Comment: HALDE WATER, HP OILFIELD SERVICES, CODELL WELL SERVICE. INSPECTOR ARRIVED IN TIME TO WITNESS SFC PIPE TOP OFF WITH 7BBLs AFTER WOC FOR 1 HR

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
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT