

**FORM
INSP**Rev
X/20**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:

06/03/2024

Submitted Date:

06/07/2024

Document Number:

715200322**FIELD INSPECTION FORM**Loc ID 321693 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC 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:6 Number of Comments0 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	
Taylor, Chad		chad.taylor@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Redweik, Bob	(281) 891-1550	bredweik@cogc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
207802	WELL	IJ	10/03/2016	ERIW	017-06737	ARAPAHOE UNIT 151 (43-21)	AC

General Comment:

Routine UIC Inspection

Location**Lease Road:**

Type	Access		
comment:	Gravel road through farm ground		
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Lease sign by wellhead		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Metal panels around wellhead		
Corrective Action:		Date:	

Equipment:

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	Electric panel and cathodic rectifier		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 207802 Type: WELL API Number: 017-06737 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 335 PSIG Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: MRRW

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 04/14/2022

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD LIGHT PUFF, DIED IMMEDIATELY. TBG IJ @ 335 PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

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