

**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:

07/06/2018

Submitted Date:

07/06/2018

Document Number:

677900654**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 381172      Welsh, Brian      2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 17180Name of Operator: CITATION OIL & GAS CORPAddress: 14077 CUTTEN RDCity: HOUSTON      State: TX      Zip: 77269**Status Summary:**

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

**Findings:**10 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Rogers, Bob	719-767-8851	brogers@cogc.com	
Elsom, Lee Ann	281-891-1577	lelsom@cogc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
208539	WELL	SI	10/06/2014	OW	017-07474	MCCORMICK 31-3 1H	TA

**General Comment:**[Routine Inspection](#)

Location				
<b>Lease Road:</b>				
Type	Access			
comment:	Partially elevated gravel two track through pasture			
Corrective Action	L			Date:
Overall Good: <input checked="" type="checkbox"/>				
<b>Signs/Marker:</b>				
Type	WELLHEAD			
Comment:	Lease sign by unit			
Corrective Action:				Date:
Emergency Contact Number:				
Comment:				
Corrective Action:				Date: _____
<b>Good Housekeeping:</b>				
Type	OTHER			
Comment:	Panels are laying around unit. Panels need to be installed around unit and wellhead or removed. Horsehead is stored next to unit			
Corrective Action:				Date:
Overall Good: <input type="checkbox"/>				
<b>Spills:</b>				
Type	Area	Volume		
In Containment: No				
Comment:				
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Fencing/:</b>				
Type	PUMP JACK			
Comment:	Metal panels partially installed around unit and wellhead			
Corrective Action:				Date:
<b>Equipment:</b>				
				corrective date
Type: Pump Jack	# 1			
Comment:	Lufkin unit. Horsehead removed at time of inspection			
Corrective Action:				Date:
Type: Prime Mover	# 1			
Comment:	Ford 6 cylinder motor			
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	Gas scrubber			
Corrective Action:				Date:
<b>Venting:</b>				
Yes/No				

Comment:			
Corrective Action:		Date:	

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**Facility ID: 208539 Type: WELL API Number: 017-07474 Status: SI Insp. Status: TA**Producing Well**Comment: Central tank battery 4250' SW @ 38.855260/-102.884670

Corrective Action:

Date:

**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned

Reminder: \_\_\_\_\_

Comment: Well is TA at time of inspection. Last production reported was Sept 2014. Well is past due for a MIT

Corrective Action:

Contact dnr\_cogccengineering@state.co.us with resolution plan within 10 days of receipt of this inspectionDate: 07/16/2018

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