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## COLORADO OIL & GAS CONSERVATION COMMISSION

### FIELD INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	1120 Lincoln St., Ste. 801, Denver 80203 303-894-2100
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Date: 3/23/05	Facility ID	Operator: Markus Production	
Location: SWSW 30-6N-63W		Lease Name: Fair Meadows 1-30	
API Number: 05-123-12861		Inspector: Randall Ferguson	
INSP TYPE: ES	INSP STATUS: SI	REC STATUS: I F P	PASS/FAIL P F VIOLATION Y N NOV Y N

UIC VIOL TYPE	UA	MI	OP	PA	OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	<small>ALL UIC VIOLATIONS REQUIRE NOAs</small>
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<b>Well ID Signs</b> (Rule 210) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <small>Comments</small>	<b>Fences</b> <input type="checkbox"/> Y <input type="checkbox"/> N (Rule 603 b (7), 1002 a) <small>Comments</small>
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<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY  SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width: 100%;"> <tr> <td>Produced Water Pits</td> <td>Total # _____</td> <td>Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____ Uncovered # _____</td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____ Unlined # _____</td> </tr> </table>	Produced Water Pits	Total # _____	Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Skimming/Settling Pits	Total # _____	Covered # _____ Uncovered # _____	Special Purpose Pits	Total # _____	Lined # _____ Unlined # _____
Produced Water Pits	Total # _____	Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Skimming/Settling Pits	Total # _____	Covered # _____ Uncovered # _____								
Special Purpose Pits	Total # _____	Lined # _____ Unlined # _____								

<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/>  <small>BURIED OR PARTIALLY BURIED VESSELS #STEEL #FIBERGLASS #CONCRETE #OTHER</small>
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<b>Fire Walls/Berms/Dikes</b> [Rule 604.a.(4)]	<input type="checkbox"/>
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<b>General Housekeeping</b> (Rule 603.g)	<input type="checkbox"/>
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<b>Spills and Releases (Oil/Water)</b> (Rule 906)	<input type="checkbox"/>
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<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT	Inj Pressure _____ Psig T-C Ann. Pressure _____ Psig Brhd. Pressure _____ Psig	<b>COMMENTS</b>
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<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<input type="checkbox"/>
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<b>Miscellaneous</b>	well head seal leaking gas	<input type="checkbox"/>
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**CORRECTIVE ACTION REQUIRED:** Repair leaking seal

Date Corrective Action Required By:	Date Remedied:
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This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.