



01983938



COLORADO OIL & GAS CONSERVATION COMMISSION

FIELD INSPECTION REPORT

#3437

| | | | | | | | |
|--|--|-------------------|--|---|--|---------------------------------|--|
| <input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION | | | | 1120 Lincoln St., Ste. 801, Denver 80203 303-894-2100 | | | |
| <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION | | | | | | | |
| 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"/> | |
| Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y N | | | | Fences Y N (Rule 603 b (7), 1002 a) | | | |
| Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____ | | | |
| Tank Battery Equipment (Rule 604) | | | | <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS #STEEL #FIBERGLASS #CONCRETE #OTHER | | | |
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | | | | <input type="checkbox"/> | | | |
| General Housekeeping (Rule 603.g) | | | | <input type="checkbox"/> | | | |
| Spills and Releases (Oil/Water) (Rule 906) | | | | <input type="checkbox"/> | | | |
| UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT | | | | Inj Pressure _____ Psig T-C Ann. Pressure _____ Psig Brhd. Pressure _____ Psig | | COMMENTS | |
| Drilling Well/Workover (Rule 317) | | | | <input type="checkbox"/> | | | |
| Surface Rehabilitation (Rule 1003, 1004) | | | | <input type="checkbox"/> | | | |
| Miscellaneous | | | | well head seal leaking gas <input type="checkbox"/> | | | |
| CORRECTIVE ACTION REQUIRED: Repair leaking seal | | | | | | | |
| Date Corrective Action Required By: | | | | Date Remedied: | | | |

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.

White - File Green - Operator Canary - Well Site