



# DO OIL & GAS CONSERVATION COMMISSION



*ERF*

## NORTHEAST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION	337 Cambridge
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	Brush, CO 80723 970-842-4465

Date: <i>1-13-00</i>	Facility ID:	Operator: <i>Sherrod + Apperson</i>
Location: <i>NWSE 9-9N-61W</i>		Lease Name: <i>Gillette 9</i>
API Number: <i>05-123-05683</i>		Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683

INSP TYPE <i>HR</i>	INSP STATUS <i>PA</i>	PA Y <input checked="" type="checkbox"/> N	PASS/FAIL P <input checked="" type="checkbox"/> F	VIOLATION <input checked="" type="checkbox"/> Y N	NOV Y N			
UIC VIOL TYPE	UA	MI	OP	PA	OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOVS

<b>Well ID Signs</b> (Rule 210) Y N	Comments:	<b>Fences</b> Y N	Comments:
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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	Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____
	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____

<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/>
BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	

<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 (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	COMMENTS
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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)	<i>Cement pump base in pasture</i>	<input type="checkbox"/>
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<b>Miscellaneous</b>	<input type="checkbox"/>
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**CORRECTIVE ACTION REQUIRED:**

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.