



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	337 Cambridge Brush, CO 80723 970-842-4465
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Date: <u>2-6-01</u>	Facility ID: _____	Operator: <u>Pease</u>
Location: <u>NENE3-8N-54W</u>		Lease Name: <u>Ziegler A-1</u>
API Number: <u>05-075-06138</u>		Inspector: ED BINKLEY Cell: 970-380-2683
INSP TYPE <u>SR</u>	INSP STATUS <u>PA SR @ F</u>	PASS/FAIL <u>(P) F</u>
VIOLATION Y <u>(N)</u>		NOV Y <u>(N)</u>
UIC VIOL TYPE UA MI OP PA OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>

ALL UIC VIOLATIONS REQUIRE NOAVS

Well ID Signs (Rule 210) Y <u>(N)</u>	Fences Y <u>(N)</u>
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Produced Water Pits</td> <td style="width: 20%;">Total # _____</td> <td style="width: 30%;">Oil Accumulation?</td> <td style="width: 20%;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____</td> <td>Uncovered # _____</td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____</td> <td>Unlined # _____</td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> </table>	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: _____			
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Comments: _____																									

Tank Battery Equipment (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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Fire Walls/Berms/Dikes (Rule 604.a.(4))	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psia	COMMENTS <div style="text-align: center; font-size: small;"> RECEIVED FEB 20 01 COGCC </div>
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/> <i>well plugged, surface restored to grassland-</i>
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Miscellaneous	<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.