



# 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	<b>337 Cambridge</b> <b>Brush, CO 80723 970-842-4465</b>
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Date: <b>2-6-01</b>	Facility ID:	Operator: <b>Pease</b>
Location: <b>NENE 3-8N-54W</b>		Lease Name: <b>Gentler A-8</b>
API Number: <b>05-075-06156</b>		Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683

INSP TYPE <b>SR</b>	INSP STATUS <b>PA SR @ F</b>	PASS/FAIL <b>(P) F</b>	VIOLATION Y <b>(N)</b>	NOV Y <b>(N)</b>				
UIC VIOL TYPE	UA	MI	OP	PA	OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS

<b>Well ID Signs</b> (Rule 210) Y <b>(N)</b> Comments:	<b>Fences</b> Y <b>(N)</b> Comments: (Rule 603.b.(7), 1002.a)
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<b>Production Pits</b> (Rule 902, 903, 904) <b>EARTHEN PITS ONLY</b>	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>SENSITIVE AREA</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

<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 <div style="text-align: center; font-size: small;">           RECEIVED            FEB 20 01            COGCC         </div>
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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>	<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.