



COLORADO OIL & GAS CONSERVATION COMMISSION
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: <u>4-6-01</u>	Facility ID: _____	Operator: <u>Davis</u>	
Location: <u>NESW 2-8N-54W</u>		Lease Name: <u>Edens 2</u>	
API Number: <u>05-075-08641</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <u>RR</u>	INSP STATUS: <u>DA</u>	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F
VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
		<small>ALL UIC VIOLATIONS REQUIRE NOA'S</small>	
Well ID Signs Comments: _____		Fences Y N Comments: _____	
(Rule 210) Y N		(Rule 603.b.(7), 1002.a)	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY	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: _____
Sensitive Area <input type="checkbox"/> YES <input type="checkbox"/> NO			Special Purpose Pits Total # _____ Lined # _____ Unlined # _____
			Comments: _____
Tank Battery Equipment (Rule 604)	<input type="checkbox"/>		
<small>BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER</small>			
Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>		
General Housekeeping (Rule 603.g)	<input type="checkbox"/>		
Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>		
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig	COMMENTS <div style="text-align: center;">RECEIVED MAY 18 01 COGCC</div>	
	T-C Ann. Pressure _____ Psig		
Drilling Well/Workover (Rule 317)	<input type="checkbox"/>		
Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/>		
		<u>site restored, grass</u>	
Miscellaneous	<input type="checkbox"/>		
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.