



01164963

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: 8-23-01	Facility ID:	Operator: <i>Monahan (Duncan)</i>
Location: <i>NWNE 1-8N-54</i>	Lease Name: <i>NW Graym 1-3</i>	
API Number: 05 <i>075-06114</i>	Inspector: ED BINKLEY Cell: 970-380-2683	

INSP TYPE: <i>SR</i>	INSP STATUS: <i>PA</i>	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"/>	ALL UIC VIOLATIONS REQUIRE NDAYS	

Well ID Signs (Rule 210) Y N	Comments:	Fences Y N	Comments:
----------------------------------------	-----------	-------------------	-----------

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"/>
	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	

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 (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	COMMENTS
--------------------------------------------------------------------------	----------------------------------------------------------	----------

Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
---------------------------------------------	--------------------------

Surface Rehabilitation (Rule 1003, 1004)	<i>cultivated</i>	<input type="checkbox"/>
----------------------------------------------------	-------------------	--------------------------

Miscellaneous	<input type="checkbox"/>
----------------------	--------------------------

RECEIVED
 OCT 11 0
 00GCC

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.