



OIL & GAS CONSERVATION COMMISSION

EAST 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: 10-29-99	Facility ID:	Operator: Tomberline	
Location: NW NE 2-35-57W		Lease Name: Whelden	
API Number: 05 - 001 - 05129		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE HR	INSP STATUS DA	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> F
VIOLATION Y N		NOV Y N	
UIC VIOL TYPE	UA MI OP PA OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
Well ID Signs		Fences Y N	
(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"/>	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
Tank Battery Equipment (Rule 604)		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
Fire Walls/Berms/Dikes (Rule 604.a.(4))		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
Drilling Well/Workover (Rule 317)			
Surface Rehabilitation (Rule 1003, 1004)		NOV 30 1999	
Miscellaneous			
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.