



# COLORADO OIL & GAS CONSERVATION COMMISSION

## NORTHEAST REGION INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 CAMBRIDGE STREET	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		BRUSH, CO 80723 (970)-842-4465	
API No. 05- <u>001-06367</u>		LEASE NAME: <u>Jolly 1-18</u>	
LOCATION: <u>NE NW 18-35-57W</u>		OPERATOR: <u>Tiger</u>	
DATE: <u>10-25-99</u>		INSPECTOR: <b>ED BINKLEY</b> MOBIL (970)-380-2683	
INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> F
VIOLATION Y N		NOV Y N	
UIC VIOL TYPE	UA <input type="checkbox"/>	MI <input type="checkbox"/>	OP <input type="checkbox"/>
	PA <input type="checkbox"/>	OT <input type="checkbox"/>	TBG/PKR LK <input type="checkbox"/>
	CSG LK <input type="checkbox"/>		ALL UIC VIOLATIONS REQUIRE NOAVE
<b>Well ID Signs</b> (Rule 210)	<input type="checkbox"/> <b>Fences</b> (Rule 604.C.(3), 1003.A)		<input type="checkbox"/>
<b>Production Pits</b> (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 # _____	
	COMMENTS/SIZE _____		
<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		
<b>Fire Walls/Berms/Dikes</b> (Rule 604)	<input type="checkbox"/>		
<b>General Housekeeping</b> (Rule 603.G)	<u>NOV 8 11 1999</u> <input type="checkbox"/>		
<b>Spills (Oil/Water)</b> (Rule 908)	<input type="checkbox"/>		
<b>UIC ROUTINE INSPECTION</b> FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG	COMMENTS	
	T-C ANN PRESSURE _____ PSIG		
	BRHD PRESSURE _____ PSIG		
<b>Drilling Well/Workover</b> (Rule 315)	<input type="checkbox"/>		
<b>Surface Rehabilitation</b> (Rule 317)	<u>cut</u> <input type="checkbox"/>		
<b>Miscellaneous</b>	<input type="checkbox"/>		
<b>CORRECTIVE ACTION REQUIRED:</b>			
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.