



COLORADO OIL & GAS CONSERVATION COMMISSION

WESTERN WELD REGION FIELD INSPECTION REPORT

☐ NOTICE OF UNSATISFACTORY INSPECTION



980 S. Fulton

☒ NOTICE OF SATISFACTORY INSPECTION

02353269

Fort Lupton, CO 80621 303-857-1685

Date: 8/24/01	Facility ID:	Operator: Ucerte
Location: SE/4/S23-3N-64W	Lease Name: 1-23 2E Ranch	
API Number: 05-123-11335	Inspector: LINDA PAVELKA	Cell: 303-886-7223
INSP TYPE: <input checked="" type="checkbox"/> EO	INSP STATUS: <input checked="" type="checkbox"/> RECLAM <input type="checkbox"/> PASS <input 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 NOAVS		

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

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

Fire Walls/Berms/Dikes (Rule 604.a.(4))	<input type="checkbox"/>
OK	

General Housekeeping (Rule 603.g)	<input type="checkbox"/>
OK	

Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/>
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Miscellaneous	<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.