



ORADO OIL & GAS CONSERVATION COMMISSION

WESTERN WELD REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		980 S. Fulton	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Fort Lupton, CO 80621 303-857-1635	
Date: 7/12/01	Facility ID:	Operator: <i>Genex</i>	
Location: <i>NWNW-59-5N-66W</i>		Lease Name: <i>McCluskey 11-9</i>	
API Number: 05-123-11683		Inspector: LINDA PAVELKA Cell: 303-886-7223	
INSP TYPE: <input checked="" type="checkbox"/> E	INSP STATUS: <input checked="" type="checkbox"/> P	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input checked="" 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) Y N		Fences 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	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Comments: _____	
Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____		Comments: _____	
Special Purpose Pits Total # _____ Lined # _____ Unlined # _____		Comments: _____	
Tank Battery Equipment (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]			
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 RECEIVED AUG 30 01 COGCC
Drilling Well/Workover (Rule 317)			
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
CORRECTIVE ACTION REQUIRED: <i>Could find no problem at well + surrounding location</i>			
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.