



ORADO OIL & GAS CONSERVATION COMMISSION

WESTERN WELD REGION FIELD INSPECTION REPORT

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<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	980 S. Fulton Fort Lupton, CO 80621 303-857-1635
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Date: <u>7/12/01</u>	Facility ID: _____	Operator: <u>Genex</u>
Location: <u>NWNW-59-5N-66W</u>		Lease Name: <u>McCluskey 11-9</u>
API Number: <u>05-123-11683</u>		Inspector: LINDA PAVELKA Cell: <u>303-886-7223</u>

INSP TYPE: <input checked="" type="checkbox"/> O	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 <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 Comments: _____ (Rule 210) Y N	Fences Y N Comments: _____ (Rule 603.b.(7), 1002.a)
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width: 100%;"> <tr> <td style="width: 30%;">Produced Water Pits</td> <td style="width: 20%;">Total # _____</td> <td style="width: 30%;">Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____</td> <td>Uncovered # _____</td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____</td> <td>Unlined # _____</td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> </table>	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: _____			
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Tank Battery Equipment (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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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 <div style="text-align: right; color: blue; font-weight: bold;"> RECEIVED AUG 30 01 COGCC </div>
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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: <u>Could find no problem at well + surrounding location</u>	
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.