



**COLORADO OIL & GAS CONSERVATION COMMISSION**  
**NORTHEAST 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: <u>1-25-01</u>		Facility ID: _____		Operator: <u>HISTORICAL</u>	
Location: <u>NW 29-8N-53W</u>		Lease Name: <u>Brainier</u>			
API Number: <u>05-075-05671</u>		Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683			
INSP TYPE <input checked="" type="checkbox"/>	INSP STATUS <input checked="" type="checkbox"/>	RECLAM <input type="checkbox"/> PASS <input checked="" 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 PHOTO
<b>Well ID Signs</b> (Rule 210) Y <input checked="" type="checkbox"/> N		Comments: _____		<b>Fences</b> Y <input checked="" type="checkbox"/> N (Rule 603.b.(7), 1002.a) Comments: _____	
<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY		<b>Produced Water Pits</b> Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____ <b>Skimming/Settling Pits</b> Total # _____ Covered # _____ Uncovered # _____ Comments: _____ <b>Special Purpose Pits</b> Total # _____ Lined # _____ Unlined # _____ Comments: _____			
SENSITIVE AREA <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.a.(4))		<input type="checkbox"/>			
<b>General Housekeeping</b> (Rule 603.g)		<input type="checkbox"/>			
<b>Spills (Oil/Water)</b> (Rule 906)		<input type="checkbox"/>			
<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig  T-C Ann. Pressure _____ Psig		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED FEB 20 01 COGCC</div>	
<b>Drilling Well/Workover</b> (Rule 317)					
<b>Surface Rehabilitation</b> (Rule 1003, 1004)		<input type="checkbox"/> <u>SURFACE RESTORED - 91455</u>			
<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.

White - File Green - Operator Canary - Well Site