



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT

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|---|---|
| <input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION | 337 Cambridge Brush, CO 80723 970-842-4465 |
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|---------------------------------|---|-----------------------------|
| Date: <i>1-25-01</i> | Facility ID: | Operator: <i>HISTORICAL</i> |
| Location: <i>NENE 29-8N-53W</i> | Lease Name: <i>Brainerd</i> | |
| API Number: <i>05-075-05667</i> | Inspector: ED BINKLEY Cell: 970-380-2683 | |

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|--|---|---------------------------------|--|-------------------------------------|---|----------------------------|------------------------------------|---------------------------------------|----------------------------|---|---------------------------------------|----------------------------|
| 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"/> | VIOLATION <input type="checkbox"/> | Y <input checked="" type="checkbox"/> | N <input type="checkbox"/> | NOV <input type="checkbox"/> | Y <input checked="" type="checkbox"/> | N <input type="checkbox"/> |
| 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"/> | | | <small>ALL UIC VIOLATIONS REQUIRE HOARS</small> | | |

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| Well ID Signs (Rule 210) Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Comments: | Fences Y <input type="checkbox"/> N <input checked="" type="checkbox"/> (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: _____ |
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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 <small>FILL OUT FORM 21 WHEN WITNESSING MIT</small> | 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) | <i>SURFACE RESTORED grass & cultv.</i> | <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.

RECEIVED
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 OGGCC