

WELL CATEGORY : 3 - d

WELL SITE INSPECTION FORM



LOCATION SESW 24-7N-65W  
OPERATOR Golden Buckeye  
WELL NAME Reinze 24-1

FIELD Wattenberg  
COUNTY Weld  
PERMIT # \_\_\_\_\_

DATE OF INSPECTION DURING DRILLING: \_\_\_\_\_

RIG \_\_\_\_\_ SURFACE CASING: \_\_\_\_\_ DEPTH: \_\_\_\_\_  
BOP'S \_\_\_\_\_ RETURNS: \_\_\_\_\_ WOC: \_\_\_\_\_  
CONTACT \_\_\_\_\_ CMT VOL: \_\_\_\_\_  
ADEQUATE AQUIFER PROTECTION? \_\_\_\_\_  
COMMENTS \_\_\_\_\_

DATE OF INSPECTION AFTER COMPLETION: 1/26/87

FRACED: YES \_\_\_\_\_ NO \_\_\_\_\_ PRODUCTION STRING: \_\_\_\_\_  
WATER DISPOSAL: PITS \_\_\_\_\_, INJECTED \_\_\_\_\_, COMMERCIAL \_\_\_\_\_, UNKNOWN \_\_\_\_\_, N.A. ☒  
PITS: PERMIT Y \_\_\_\_\_ N \_\_\_\_\_, SKIM TANK Y ☒ N \_\_\_\_\_, DIMENSIONS 1000 GALLONS  
LEASE SIGN: YES ☒ NO \_\_\_\_\_ TANK ID: YES ☒ NO \_\_\_\_\_ NA \_\_\_\_\_ FENCED: YES \_\_\_\_\_ NO \_\_\_\_\_  
SURFACE EQUIPMENT: (1) 300 bbl tank, p. g. on well  
COMMENTS: well currently SI.

DATE OF P&A INSPECTION \_\_\_\_\_

PITS BACKFILLED: YES \_\_\_\_\_ NO \_\_\_\_\_ SURFACE RECLAIMED: YES \_\_\_\_\_ NO \_\_\_\_\_  
HOLE MARKER: YES \_\_\_\_\_ NO \_\_\_\_\_ SITE CLEAN: YES \_\_\_\_\_ NO \_\_\_\_\_  
BOND RELEASE OK: YES \_\_\_\_\_ NO \_\_\_\_\_ LANDOWNER RELEASE: YES \_\_\_\_\_ NO \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

DATE OF SAFETY INSPECTION \_\_\_\_\_

COMMENTS: \_\_\_\_\_

INSPECTOR S. Pott

API No. \_\_\_\_\_

P&A Inspected: Yes \_\_\_\_\_ No \_\_\_\_\_



# PIT INSPECTION FORM

DATE 5/8/80 OPERATOR Golden Buckeye FIELD \_\_\_\_\_  
 COUNTY Weld LEASE Heinze #24-1 LOCATION SESW24-7N-G5W

CLASS \_\_\_\_\_ LEASE SIGN: ☒ YES ☐ NO TANK ID: ☐ YES ☒ NO

## TYPE OF OBSERVED WATER DISPOSAL:

☐ EVAP. PITS ☐ TANKS/TRUCKED ☐ INJECTED\* ☐ NOT DETERMINED ☒ NA  
 ESTIMATED WATER PRODUCTION \_\_\_\_\_ GPM \* (34.3) = \_\_\_\_\_ BPD

SKIM TANK: SIZE 1000 GALS, ☐ METAL ☐ FIBERGLASS ☐ PLASTIC ☒ CEMENT  
 COVERED ☒ YES ☐ NO, OVERFLOW ☐ YES ☒ NO

PITS:	SKIM PIT(S)	EVAPORATIVE PIT(S)
SIZE:	<u>None*</u> = _____ SQFT	_____ * _____ = _____ SQFT
MATERIAL	_____	_____ * _____ = _____ SQFT
SCREEN:	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ * _____ = _____ SQFT
SCREEN COLLAPSED	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL = _____ SQFT
FLAGS	<input type="checkbox"/> YES <input type="checkbox"/> NO	LINER MATERIAL: COMM. BENT. _____
OIL COVERED	_____ %	SYNTHETIC _____
		NATIVE SOIL _____
		NONE _____
		OIL COVERED _____ %
		BREACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS New well, pits leveled  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PIT PERMIT ☐ YES ☐ NO, LINER REQUIRED ☐ YES ☐ NO, TDS \_\_\_\_\_ ppm  
 REPORTED WATER PRODUCTION \_\_\_\_\_ BBLs/DAY LEASE NUMBER \_\_\_\_\_  
 \*INJECTION FACILITY: NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

NOTICE SENT ☐ YES ☐ NO DATE SENT \_\_\_\_\_ INSPECTOR SP



COLORADO

**ATION COMMISSION**

TURAL RESOURCES

TOWER BUILDING

AN STREET

ORADO 80203

6-3531

RICHARD D. LAMM  
Governor

6-13-95

Cannot locate Fm 10-  
change of operator form,  
It must have existed  
because the computer  
shows Prima as operator  
and someone changed label  
on file.

Save for  
DKD