



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>3-24-00</u>		Facility ID: _____		Operator: <u>SHERROD E APPERSON</u>																															
Location: <u>SESE 9-9N-61W</u>		Lease Name: <u>Gillette II</u>																																	
API Number: <u>05-123-05678</u>		Inspector: ED BINKLEY Cell: 970-380-2683																																	
INSP TYPE <u>SR</u>	INSP STATUS <u>PA</u>	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> P F	VIOLATION Y <input checked="" type="radio"/> N	NOV Y N																														
UIC VIOL TYPE UA MI OP PA OT			TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	<u>ALL UIC VIOLATIONS REQUIRE NOAVS</u>																														
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 SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		<table border="0" style="width:100%;"><tr><td>Produced Water Pits</td><td>Total # _____</td><td>Oil Accumulation?</td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td><input type="checkbox"/></td></tr><tr><td colspan="5">Comments: _____</td></tr><tr><td>Skimming/Settling Pits</td><td>Total # _____</td><td>Covered # _____</td><td>Uncovered # _____</td><td></td></tr><tr><td colspan="5">Comments: _____</td></tr><tr><td>Special Purpose Pits</td><td>Total # _____</td><td>Lined # _____</td><td>Unlined # _____</td><td></td></tr><tr><td colspan="5">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																																	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		<input type="checkbox"/>																																	
General Housekeeping (Rule 603.g)		<input type="checkbox"/>																																	
Spills (Oil/Water) (Rule 906)		<input type="checkbox"/>																																	
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 APR - 5 00 COGCC</div>																															
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>																																	
Surface Rehabilitation (Rule 1003, 1004)		<u>Cement buried, well plugged and grass reseeded -</u>																																	
Miscellaneous		<input type="checkbox"/>																																	
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.