



# COLORADO OIL & GAS CONSERVATION COMMISSION

## NORTHEAST REGION INSPECTION REPORT



<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	<b>337 CAMBRIDGE STREET</b> <b>BRUSH, CO 80723 (970)-842-4465</b>
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API No. 05- <u>075-6358</u>	LEASE NAME: <u>Mt Hope 27 (4)</u>
LOCATION: <u>NEENW 30-9N-53</u>	OPERATOR: <u>Duncan</u>
DATE: <u>12-31-98</u>	INSPECTOR: <b>ED BINKLEY MOBIL (970)-380-2683</b>

INSP TYPE <u>ID</u>	INSP STATUS <u>TA</u>	PA <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	PASS/FAIL P <input checked="" type="checkbox"/> F <input type="checkbox"/>	VIOLATION <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	NOV <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
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UIC VIOL TYPE	UA <input type="checkbox"/>	MI <input type="checkbox"/>	OP <input type="checkbox"/>	PA <input type="checkbox"/>	OT <input type="checkbox"/>	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS
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Well ID Signs (Rule 210)	<input checked="" type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A)	<input type="checkbox"/>
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<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY  SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width: 100%;"> <tr> <td>PRODUCED WATER PITS</td> <td>TOTAL # _____</td> <td>OIL ACCUMULATION</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SKIMMING/SETTLING PITS</td> <td>TOTAL # _____</td> <td>COVERED # _____</td> <td>UNCOVERED # _____</td> <td></td> <td></td> </tr> <tr> <td>SPECIAL PURPOSE PITS</td> <td>TOTAL # _____</td> <td>LINED # _____</td> <td>UNLINED # _____</td> <td></td> <td></td> </tr> <tr> <td colspan="6">COMMENTS/SIZE _____</td> </tr> </table>	PRODUCED WATER PITS	TOTAL # _____	OIL ACCUMULATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	SKIMMING/SETTLING PITS	TOTAL # _____	COVERED # _____	UNCOVERED # _____			SPECIAL PURPOSE PITS	TOTAL # _____	LINED # _____	UNLINED # _____			COMMENTS/SIZE _____					
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SPECIAL PURPOSE PITS	TOTAL # _____	LINED # _____	UNLINED # _____																						
COMMENTS/SIZE _____																									

<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/>  BURIED OR PARTIALLY BURIED VESSELS : #STEEL    #FIBERGLASS    #CONCRETE    #OTHER
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<b>Fire Walls/Berms/Dikes</b> (Rule 604)	<input type="checkbox"/>
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<b>General Housekeeping</b> (Rule 603.G)	<input type="checkbox"/>
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<b>Spills (Oil/Water)</b> (Rule 908)	<input type="checkbox"/>
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<b>UIC ROUTINE INSPECTION</b> FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS
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<b>Drilling Well/Workover</b> (Rule 315)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 317)	<input type="checkbox"/>
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<b>Miscellaneous</b>	<u>no work done to date</u>	<input type="checkbox"/>
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<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.