



00374792

COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHEAST REGION INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 CAMBRIDGE STREET	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		BRUSH, CO 80723 (970)-842-4465	
API No. 05- 075 - 6357		LEASE NAME: MT Hope #46	
LOCATION: RES# 30-9N-53		OPERATOR: Duncan	
DATE: 12-31-98		INSPECTOR: ED BINKLEY MOBIL (970)-380-2683	
INSP TYPE SR	INSP STATUS PA	PA Y <input checked="" type="radio"/> N <input type="radio"/>	PASS/FAIL P <input checked="" type="radio"/> F <input type="radio"/>
VIOLATION <input checked="" type="radio"/> Y <input type="radio"/> N		NOV <input checked="" type="radio"/> Y <input type="radio"/> N	
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			
Well ID Signs <input type="checkbox"/>		Fences <input type="checkbox"/>	
(Rule 210)		(Rule 604.C.(3), 1003.A)	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		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 # _____	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS/SIZE _____	
Tank Battery Equipment (Rule 604)		<input type="checkbox"/>	
		BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER	
Fire Walls/Berms/Dikes (Rule 604)		<input type="checkbox"/>	
General Housekeeping (Rule 603.G)		<input type="checkbox"/>	
Spills (Oil/Water) (Rule 908)		<input type="checkbox"/>	
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT		INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS
Drilling Well/Workover (Rule 315)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 317)		Large cement pump base No well 1.0 power lines <input type="checkbox"/>	
Miscellaneous		<input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED: <u>work incomplete</u> ✓			
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.