



ADO OIL & GAS CONSERVATION COMMISSION

SOUTHEAST 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: 10-5-01	Facility ID:	Operator: Nylund	
Location: NENW 26-35-56W		Lease Name: Leje 1	
API Number: 05-121-09559		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE HR	INSP STATUS DA	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> F
VIOLATION Y <input checked="" type="radio"/> N		NOV Y <input checked="" type="radio"/> N	
UIC VIOL TYPE UA MI OP PA OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS
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		Produced Water Pits Total # Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # Covered # Uncovered #	
Tank Battery Equipment (Rule 604)		Special Purpose Pits Total # Lined # Unlined #	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER	
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig	COMMENTS
Drilling Well/Workover (Rule 317)		T-C Ann. Pressure _____ Psig	
Surface Rehabilitation (Rule 1003, 1004)		cultivated	
Miscellaneous		BR	
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.