



# COLORADO OIL & GAS CONSERVATION COMMISSION

## SOUTHEAST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	<b>337 Cambridge</b> <b>Brush, CO 80723 970-842-4465</b>
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Date: <i>10-5-01</i>	Facility ID:	Operator: <i>Nylund</i>
Location: <i>NENW 26-35-56W</i>		Lease Name: <i>Leji 1</i>
API Number: <i>05-121-09559</i>		Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683

INSP TYPE <i>HR</i>	INSP STATUS <i>DA</i>	PA <input checked="" type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> F	VIOLATION Y <input checked="" type="checkbox"/> N	NOV Y <input checked="" type="checkbox"/> N			
UIC VIOL TYPE	UA	MI	OP	PA	OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>

<b>Well ID Signs</b> (Rule 210) Y N	<b>Fences Y N</b> (Rule 603.b.(7), 1002.a)
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<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY	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: _____
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	

<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.a.(4)]	<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 906)	<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	COMMENTS <div style="text-align: center; color: blue; font-weight: bold;">             RECEIVED              007 25 01              00GCC           </div>
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<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<i>cultivated</i>	<input type="checkbox"/>
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<b>Miscellaneous</b>	<i>BR</i>	<input type="checkbox"/>
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**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.**