



01517520

COLORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		337 Cambridge Brush, CO 80723 970-842-4465	
Date: <u>6-14-01</u>	Facility ID: _____	Operator: <u>Historical</u>	
Location: <u>SESW 22-12N-56W</u>		Lease Name: <u>Buczkewskz -7</u>	
API Number: <u>05-123-08108</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE <input checked="" type="checkbox"/> R	INSP STATUS <input checked="" type="checkbox"/> A	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F
VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
ALL UIC VIOLATIONS REQUIRE NOAVS			
Well ID Signs (Rule 210) Y <input checked="" type="checkbox"/> 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		Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____	
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
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 1003, 1004)		<u>Grassland Restored</u> <input type="checkbox"/>	
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.

White - File Green - Operator Canary - Well Site