



01517518

# COLORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST 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: 6-14-01	Facility ID:	Operator: Historical
Location: NWSE 22-12N-56W	Lease Name: Buczkewski BX	
API Number: 05-123-07077	Inspector: ED BINKLEY	Cell: 970-380-2683

INSP TYPE <input checked="" type="checkbox"/> 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

<b>Well ID Signs</b> (Rule 210) Y N	Comments:	<b>Fences</b> Y N	Comments:
			(Rule 603.b.(7), 1002.a)

<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY  SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Produced Water Pits</b> Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: _____
	<b>Skimming/Settling Pits</b> Total # _____ Covered # _____ Uncovered # _____
	Comments: _____
	<b>Special Purpose Pits</b> Total # _____ Lined # _____ Unlined # _____
	Comments: _____

<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/>
BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	

<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
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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)	Grassland Restored	<input type="checkbox"/>
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<b>Miscellaneous</b>	<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.