



01517529



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>Declar O+G</u> | |
| Location: <u>SESE 21-12N-56W</u> | | Lease Name: <u>Kingsmith -1</u> | |
| API Number: <u>05-123-08473</u> | | Inspector: ED BINKLEY Cell: 970-380-2683 | |
| INSP TYPE <u>SR</u> | INSP STATUS <u>PA</u> | RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input checked="" 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"/> |
| <small>ALL UIC VIOLATIONS REQUIRE NOAVS</small> | | | |
| 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 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"/> | |
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | | BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____ | |
| 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) | | <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.