



01517529



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: DeClar O+G
Location: SESE 21-12N-56W		Lease Name: Kingsmith -1
API Number: 05 - 123 - 08017		Inspector: ED BINKLEY Cell: 970-380-2683

INSP TYPE: <input checked="" type="checkbox"/> DR	INSP STATUS: <input checked="" type="checkbox"/> PA	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)
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Production Pits (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	

Tank Battery Equipment (Rule 604)	<input type="checkbox"/> <small>BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER</small>
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Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
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Drilling Well/Workover (Rule 317)	H+R plugged well -	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	grassland restored	<input type="checkbox"/>
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Miscellaneous	<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.

