



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



☐ NOTICE OF UNSATISFACTORY INSPECTION

☒ NOTICE OF SATISFACTORY INSPECTION

1203 Sidney Ave.

Sterling, CO 80751 970-522-6747

Date: 12-18-2003	Facility ID:	Operator: DELFERN OIL # 23420
Location: NESE 19 12N 55W	Lease Name: UPRR PEAVY # 2	
API Number: 05-075 - 07318	Inspector: KEVIN LIVELY Cell: 970-380-0166	

INSP TYPE: SR	INSP STATUS: PA	RECLAM: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/> FAIL	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 N	Comments:	Fences Y N	Comments:
			(Rule 603.b.(7), 1002.a)

Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY	Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: _____
	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
	Comments: _____
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	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))	well was probably plugged out in 1957. NO PAPERWORK WAS SENT IN. SITE INSPECTION	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	ON 12-18-2003 SHOWED WELL SITE WAS PASTURE, AND NO WELLHEAD OR CASING TO BE FOUND.	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	RECOMMEND THAT STATUS BE CHANGED TO PA STATUS.	<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)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/>
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Miscellaneous	<input type="checkbox"/>
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CORRECTIVE ACTION REQUIRED:

CHANGE STATUS FROM TA TO PA

Date Corrective Action Required By: AND THEN PUT THIS IN FILES 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.