



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: <i>10-4-01</i>	Facility ID:	Operator: <i>Historical</i>
Location: <i>NE NW 31-12N-54</i>	Lease Name: <i>URBR Clearman 31-1</i>	
API Number: <i>05-075-08283</i>	Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE <i>HR</i>	INSP STATUS <i>2A</i>	PA <input checked="" type="checkbox"/> N
PASS/FAIL <input checked="" type="checkbox"/> F	VIOLATION Y <input checked="" type="checkbox"/> N	NOV Y <input checked="" type="checkbox"/> N
UIC VIOL TYPE UA MI OP PA OT	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>

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

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 <input type="checkbox"/>
	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____

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)	<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.

RECEIVED
 OCT 11 01
 COGCC

grass & cultv - area