



COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHEAST REGION INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION	337 CAMBRIDGE STREET
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	BRUSH, CO 80723 (970)-842-4465

API No. 05- <u>001 - 09343</u>	LEASE NAME: <u>Mackern 1-1</u>
LOCATION: <u>SENE 22-35-58W</u>	OPERATOR: <u>Wagon Op</u>
DATE: <u>9-21-99</u>	INSPECTOR: ED BINKLEY MOBIL (970)-380-2683

INSP TYPE <u>SR</u>	INSP STATUS <u>PA</u>	PA <input checked="" type="checkbox"/> N <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> F <input type="checkbox"/>	VIOLATION Y <input type="checkbox"/> N <input type="checkbox"/>	NOV Y <input type="checkbox"/> N <input type="checkbox"/>
UIC VIOL TYPE UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/>		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>	

Well ID Signs <small>(Rule 210)</small>	Fences <small>(Rule 604.C.(3), 1003.A)</small>
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Production Pits <small>(Rule 902, 903, 904)</small> EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width:100%"> <tr> <td>PRODUCED WATER PITS</td> <td>TOTAL # _____</td> <td>OIL ACCUMULATION</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>SKIMMING/SETTLING PITS</td> <td>TOTAL # _____</td> <td>COVERED # _____</td> <td>UNCOVERED # _____</td> </tr> <tr> <td>SPECIAL PURPOSE PITS</td> <td>TOTAL # _____</td> <td>LINED # _____</td> <td>UNLINED # _____</td> </tr> </table> COMMENTS/SIZE _____	PRODUCED WATER PITS	TOTAL # _____	OIL ACCUMULATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	SKIMMING/SETTLING PITS	TOTAL # _____	COVERED # _____	UNCOVERED # _____	SPECIAL PURPOSE PITS	TOTAL # _____	LINED # _____	UNLINED # _____
PRODUCED WATER PITS	TOTAL # _____	OIL ACCUMULATION	<input type="checkbox"/> YES <input type="checkbox"/> NO										
SKIMMING/SETTLING PITS	TOTAL # _____	COVERED # _____	UNCOVERED # _____										
SPECIAL PURPOSE PITS	TOTAL # _____	LINED # _____	UNLINED # _____										

Tank Battery Equipment <small>(Rule 604)</small>	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____
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Fire Walls/Berms/Dikes <small>(Rule 604)</small>	<input type="checkbox"/>
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General Housekeeping <small>(Rule 603.G)</small>	<input type="checkbox"/>
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Spills (Oil/Water) <small>(Rule 908)</small>	<input type="checkbox"/>
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UIC ROUTINE INSPECTION <small>FILL OUT FORM 21 WHEN WITNESSING MIT</small>	INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS <div style="border: 1px solid blue; padding: 5px; text-align: center;"> RECEIVED APR 16 1999 </div>
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Drilling Well/Workover <small>(Rule 315)</small>	<input type="checkbox"/>
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Surface Rehabilitation <small>(Rule 317)</small>	<input type="checkbox"/> <i>pit closed & farmed over</i>
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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.