



## COLORADO OIL &amp; GAS CONSERVATION COMMISSION

## NORTHWEST REGION INSPECTION REPORT

|   |                |  |  |  |  |
|---|----------------|--|--|--|--|
| <input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION   |                | P O BOX 98   |  |  |  |
| <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION  |                | LOMA, CO 81524 (970)-858-7521  |  |  |  |
| API No. 05- 107 - 5089  |                | LEASE NAME: State #5   |  |  |  |
| LOCATION: SEND, 18, 6N, 86W   |                | OPERATOR: Allen O+G  |  |  |  |
| DATE: 1-12-99   |                | INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440 previous  |  |  |  |
| INSP TYPE Co  | INSP STATUS TA | PA Y <input checked="" type="radio"/> N  | PASS/FAIL P <input checked="" type="radio"/> F | VIOLATION <input checked="" type="radio"/> Y N | NOV <input checked="" type="radio"/> Y N |
| UIC VIOL TYPE UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/> |                | TGB/PKR LK <input type="checkbox"/>  |  | CSG LK <input type="checkbox"/>                |  |
| Well ID Signs (Rule 210)  |                | NONE <input type="checkbox"/>  |  | Fences NONE <input type="checkbox"/>           |  |
| Production Pits (Rule 902, 903, 904)  |                | PRODUCED WATER PITS TOTAL # _____ OIL ACCUMULATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |  |  |  |
| EARTHEN PITS ONLY ?   |                | SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____   |  |  |  |
| SENSITIVE AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |                | SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____   |  |  |  |
| Tank Battery Equipment (Rule 604)   |                | COMMENTS/SIZE NONE   |  |  |  |
| Fire Walls/Berms/Dikes (Rule 604)   |                | 1-RPU, No PM <input checked="" type="checkbox"/>   |  |  |  |
| General Housekeeping (Rule 603.G)   |                | BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER   |  |  |  |
| Spills (Oil/Water) (Rule 908)   |                | old stains around wellhead <input type="checkbox"/>  |  |  |  |
| UIC ROUTINE INSPECTION  |                | INJ PRESSURE _____ PSIG  |  |  |  |
| FILL OUT FORM 21  |                | T-C ANN PRESSURE _____ PSIG  |  |  |  |
| WHEN WITNESSING MIT   |                | BRHD PRESSURE _____ PSIG   |  |  |  |
| Drilling Well/Workover (Rule 315)   |                | <input type="checkbox"/>   |  |  |  |
| Surface Rehabilitation (Rule 317)   |                | <input type="checkbox"/>   |  |  |  |
| Miscellaneous   |                | <input type="checkbox"/>   |  |  |  |
| CORRECTIVE ACTION REQUIRED: MIT, RPT or N/A   |                |  |  |  |  |
| Date Corrective Action Required By: Sean Bay  |                |  | 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.