



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHWEST REGION INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	P O BOX 98 LOMA, CO 81524 (970)-858-7521				
API No. 05- <u>107 - 5091</u>	LEASE NAME: <u>Bradley #2</u>				
LOCATION: <u>NENW, 18, 6N, 86W</u>	OPERATOR: <u>Allen O+G</u>				
DATE: <u>1-12-99</u>	INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440				
INSP TYPE <u>CO</u>	INSP STATUS <u>TA</u>	PA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PASS/FAIL P <input checked="" type="checkbox"/> F	VIOLATION <input checked="" type="checkbox"/> Y N	NOV <input checked="" type="checkbox"/> 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"/>		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS	
Well ID Signs (Rule 210)	<u>No Name</u> <input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A)	<u>NONE</u> <input type="checkbox"/>		
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input checked="" 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 # _____ COMMENTS/SIZE <u>NONE</u>				
Tank Battery Equipment (Rule 604)	<u>1-RPU, NO PM.</u> <input type="checkbox"/>	BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____			
Fire Walls/Berms/Dikes (Rule 604)	<u>N/A</u> <input type="checkbox"/>				
General Housekeeping (Rule 603.G)	<u>ok</u> <input type="checkbox"/>				
Spills (Oil/Water) (Rule 908)	<u>Stain around wellhead</u> <input type="checkbox"/>				
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS			
Drilling Well/Workover (Rule 315)	<u>—</u> <input type="checkbox"/>				
Surface Rehabilitation (Rule 317)	<u>—</u> <input type="checkbox"/>				
Miscellaneous	<u>—</u> <input type="checkbox"/>				
CORRECTIVE ACTION REQUIRED: <u>MIT, RTP or PTA</u>					
Date Corrective Action Required By: <u>See NOAV</u>			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.