



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 <u>Y</u>	<input checked="" type="radio"/> N	PASS/FAIL <u>P</u>	<input checked="" type="radio"/> F	VIOLATION <u>Y</u>	N
		NOV <u>Y</u>		N		NOV <u>Y</u>	
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 (Rule 210)		<u>No Name</u> <input type="checkbox"/>		Fences <u>NONE</u>		<input type="checkbox"/>	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		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 # _____	
SENSITIVE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS/SIZE <u>NONE</u>		<div style="border: 2px solid red; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">C</div>			
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		COMMENTS	
		BRHD PRESSURE _____ PSIG					
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.