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UN GASCOLORADO OIL & 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 - 05097		LEASE NAME: Bradley #4	
LOCATION: NENW, 18, 6N, 86W		OPERATOR: C.R. Allen, Inc. (Allen Oil & Gas, LLC)	
DATE: 8/27/98		INSPECTOR: JAY KRABACHER JAIME ADKINS MOBIL (970)-250-2440	
INSP TYPE ES	INSP STATUS PR	PA Y <input checked="" type="radio"/> N	PASS/FAIL P <input checked="" type="radio"/> F
VIOLATION <input checked="" type="radio"/> Y <input type="radio"/> N		NOV <input checked="" type="radio"/> Y <input type="radio"/> 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) <input type="checkbox"/>		Fences (Rule 604.C.(3), 1003.A) <input type="checkbox"/>	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		PRODUCED WATER PITS TOTAL # _____ OIL ACCUMULATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SKIMMING/SETTLING PITS TOTAL # 1 COVERED # _____ UNCOVERED # 1 SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____ COMMENTS/SIZE _____	
SENSITIVE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Tank Battery Equipment (Rule 604)		Tank running over <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
Fire Walls/Berms/Dikes (Rule 604)		Inadequate. open spaces to OUTSIDE OF BERM AREA UNDER METAL RETAINING WALLS <input checked="" type="checkbox"/>	
General Housekeeping (Rule 603.G)		<input type="checkbox"/>	
Spills (Oil/Water) (Rule 908)		OIL ON TOP OF WATER IN PIT. <input checked="" 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)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 317)		<input type="checkbox"/>	
Miscellaneous		<input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED: clean up oil in pit! FILL IN OPEN SPACES AROUND BERM WALLS			
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.

White - File Green - Operator Canary - Well Site

OCT 26 1998