



COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHWEST REGION INSPECTION REPORT

EXHIBIT 13

<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 - 5095		LEASE NAME: Bradley #5	
LOCATION: NENE, 18, 6N, 86 W		OPERATOR: Allen O&G	
DATE: 1-12-99		INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440	
INSP TYPE Co	INSP STATUS SI ^{SI}	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"/>	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>			
Well ID Signs (Rule 210)	NONE <input type="checkbox"/>	Fences NONE <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 # _____	
	COMMENTS/SIZE NONE		
SENSITIVE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Tank Battery Equipment (Rule 604)	1-RPU w/ P.M. <input checked="" type="checkbox"/>	BURIED OR PARTIALLY BURIED VESSELS #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
Fire Walls/Berms/Dikes (Rule 604)	N/A		
General Housekeeping (Rule 603.G)	ok, some steel tank/guards/debris		
Spills (Oil/Water) (Rule 908)	stain (old) around wellhead		
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG	COMMENTS	
	T-C ANN PRESSURE _____ PSIG		
	BRHD PRESSURE _____ PSIG		
Drilling Well/Workover (Rule 315)	polish rod rusty/corroded, appears not to have been used for some time		
Surface Rehabilitation (Rule 317)	_____		
Miscellaneous	_____		
CORRECTIVE ACTION REQUIRED: MIT, RTP or P&A			
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.

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