



02357795

COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHEAST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: <u>10-30-01</u>	Facility ID:	Operator: <u>Menahan</u>	
Location: <u>NW 3/4 25-7N-53</u>		Lease Name: <u>Atwood E. 16</u>	
API Number: <u>05-075-05257</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <u>112</u>	INSP STATUS: <u>PA</u>	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F
VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
		<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>	
Well ID Signs Comments:		Fences Y N Comments:	
(Rule 210) Y N		(Rule 603.b.(7), 1002.a)	
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"/>		
	Comments: _____		
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____		
	Comments: _____		
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____		
	Comments: _____		
Tank Battery Equipment (Rule 604)	<input type="checkbox"/>		
	BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____		
Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>		
General Housekeeping (Rule 603.g)	<input type="checkbox"/>		
Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>		
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS	
Drilling Well/Workover (Rule 317)			
Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/>		
Miscellaneous	<input type="checkbox"/>		
CORRECTIVE ACTION REQUIRED:			
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