



02357794

COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	337 Cambridge Brush, CO 80723 970-842-4465
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Date: <u>10-30-01</u>	Facility ID:	Operator: <u>Monahan</u>
Location: <u>SE NW 25-7N-53W</u>	Lease Name: <u>Atwood East 10</u>	
API Number: <u>05-075-05269</u>	Inspector: ED BINKLEY Cell: 970-380-2683	

INSP TYPE: <u>HR</u>	INSP STATUS: <u>09</u>	RECLAM <input type="checkbox"/>	PASS <input 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"/>	ALL UIC VIOLATIONS REQUIRE NOAVS	

Well ID Signs Comments: (Rule 210) Y N	Fences Y N Comments: (Rule 603.b.(7), 1002.a)
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width: 100%;"> <tr> <td style="width: 30%;">Produced Water Pits</td> <td style="width: 20%;">Total # _____</td> <td style="width: 30%;">Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Comments:</td> <td colspan="3">_____</td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____</td> <td>Uncovered # _____</td> </tr> <tr> <td>Comments:</td> <td colspan="3">_____</td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____</td> <td>Unlined # _____</td> </tr> <tr> <td>Comments:</td> <td colspan="3">_____</td> </tr> </table>	Produced Water Pits	Total # _____	Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Comments:	_____			Skimming/Settling Pits	Total # _____	Covered # _____	Uncovered # _____	Comments:	_____			Special Purpose Pits	Total # _____	Lined # _____	Unlined # _____	Comments:	_____		
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Special Purpose Pits	Total # _____	Lined # _____	Unlined # _____																						
Comments:	_____																								

Tank Battery Equipment (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/> <i>Cult</i>
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Miscellaneous	<input type="checkbox"/>
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 RECEIVED
 DEC-6-01
 COGCC

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.