



02357793

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
---	---

Date: <i>10-30-01</i>	Facility ID:	Operator: <i>Donahue</i>
Location: <i>NW 3W 25-7N-53W</i>	Lease Name: <i>Atwood East 12-1</i>	
API Number: <i>05-075-05258</i>	Inspector: ED BINKLEY Cell: 970-380-2683	

INSP TYPE: <i>HA</i>	INSP STATUS: <i>AA</i>	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"/>	ALL UIC VIOLATIONS REQUIRE NOAVS

Well ID Signs Comments: (Rule 210) Y N	Fences Y N Comments: (Rule 603.b.(7), 1002.a)
--	---

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: 20%;">Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____</td> <td>Uncovered # _____</td> </tr> <tr> <td colspan="4">Comments: _____</td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____</td> <td>Unlined # _____</td> </tr> <tr> <td colspan="4">Comments: _____</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: _____			
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: _____																									

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)	<input type="checkbox"/>
---	--------------------------

Surface Rehabilitation (Rule 1003, 1004)	<i>cult</i>
--	-------------

Miscellaneous	<input type="checkbox"/>
----------------------	--------------------------

 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.