



02357792

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: <u>10-30-01</u>	Facility ID: _____	Operator: <u>Monahan</u>	
Location: <u>SW 3/4 25-N-53W</u>		Lease Name: <u>Atwood East 14-1</u>	
API Number: <u>05 - 075 05248</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <u>FF</u>	INSP STATUS: <u>FF</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"/> <small>ALL UIC VIOLATIONS REQUIRE NOAYS</small>
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		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 <input type="checkbox"/>
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 1003, 1004)		<input type="checkbox"/>	
Miscellaneous		<input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED: <div style="display: flex; justify-content: space-between;"> Date Corrective Action Required By: _____ Date Remedied: _____ </div>			

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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