



02357832

NOV. 17 1999

**ADO OIL & GAS CONSERVATION COMMISSION**  
**SOUTHEAST REGION INSPECTION REPORT**

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		1601 S 13TH	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		LAMAR, CO 81052 (719)-336-2843	
API No. 05- 055 - 6032		LEASE NAME: SMY #8-14	
LOCATION: NESW14-275-70W		OPERATOR: ARCO	
DATE: 8-31-99		INSPECTOR: BOB VANSICKLE MOBIL (719)-688-2626	
INSP TYPE SR	INSP STATUS PA	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> F
VIOLATION Y <input checked="" type="radio"/> N		NOV Y <input checked="" type="radio"/> 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"/>
ALL UIC VIOLATIONS REQUIRE NOAVS			
Well ID Signs (Rule 210)		<input type="checkbox"/> Fences (Rule 604.C.(3), 1003.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"/>	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____	
		SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____	
		COMMENTS/SIZE _____	
Tank Battery Equipment (Rule 604)		<input type="checkbox"/>	
		BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER	
Fire Walls/Berms/Dikes (Rule 604)		<input type="checkbox"/>	
General Housekeeping (Rule 603.G)		<input type="checkbox"/>	
Spills (Oil/Water) (Rule 908)		<input type="checkbox"/>	
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)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 317)		Reclaimed, grass. <input checked="" type="checkbox"/>	
Miscellaneous		<input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED: None.			
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.