



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: SMU #8-14
LOCATION: NESW14-275-70W	OPERATOR: ARCO
DATE: 8-31-99	INSPECTOR: BOB VANSICKLE MOBIL (719)-688-2626

INSP TYPE <i>SR</i>	INSP STATUS <i>PA</i>	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
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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
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Well ID Signs (Rule 210)	<input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A)	<input type="checkbox"/>
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY	PRODUCED WATER PITS	TOTAL # _____	OIL ACCUMULATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	SKIMMING/SETTLING PITS	TOTAL # _____	COVERED # _____	UNCOVERED # _____	
	SPECIAL PURPOSE PITS	TOTAL # _____	LINED # _____	UNLINED # _____	
	COMMENTS/SIZE	_____			
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO					

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"/>
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General Housekeeping (Rule 603.G)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 908)	<input type="checkbox"/>
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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"/>
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Surface Rehabilitation (Rule 317)	<i>Reclaimed, grass.</i>	<input checked="" type="checkbox"/>
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Miscellaneous	<input type="checkbox"/>
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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.