



COLORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST REGION FIELD INSPECTION REPORT



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|---|---|
| <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>2-2-00</u> | Facility ID: _____ | Operator: <u>UNKNOWN</u> |
| Location: <u>NEW 11-2N-54W</u> | | Lease Name: <u>Miller 5</u> |
| API Number: <u>05-121-07065</u> | | Inspector: ED BINKLEY Cell: 970-380-2683 |
| INSP TYPE <u>HR</u> | INSP STATUS <u>PA</u> | PA <input checked="" type="checkbox"/> N |
| | | PASS/FAIL <input checked="" type="checkbox"/> F |
| | | VIOLATION Y N |
| | | NOV Y N |
| UIC VIOL TYPE | UA MI OP PA OT | 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) Y N | Fences Y N (Rule 603.b.(7), 1002.a) |
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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 <input type="checkbox"/> Comments: _____ |
| SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ |
| | Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____ |

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| 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"/> |
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| Miscellaneous | <input type="checkbox"/> |
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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.