



02358228

COLORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST REGION FIELD INSPECTION REPORT

NOTICE OF UNSATISFACTORY INSPECTION
 NOTICE OF SATISFACTORY INSPECTION

337 Cambridge
Brush, CO 80723 970-842-4465



Date: 2-2-0	Facility ID:	Operator: Kingwood
Location: NWNW11-2N-54W		Lease Name: Xenia 3-1
API Number: 05-121-07062		Inspector: ED BINKLEY Cell: 970-380-2683
INSP TYPE HR	INSP STATUS PA	PA <input checked="" type="radio"/> N
	PASS/FAIL P	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		

Well ID Signs (Rule 210) Y N	Comments:	Fences Y N	Comments:
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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"/>
	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____
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.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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RECEIVED
APR - 5 00
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.