



COLORADO OIL & GAS CONSERVATION COMMISSION  
NORTHEAST REGION FIELD INSPECTION REPORT



RECEIVED  
MAR - 3 00  
LOGS

|   |   |
|---|---|
| <input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION          | 337 Cambridge<br>Brush, CO 80723 970-842-4465 |
| <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION |   |

|                          |              |  |
|--------------------------|--------------|--|
| Date: 2-3-0              | Facility ID: | Operator: Kingwood                       |
| Location: NENE 11-2N-54W |              | Lease Name: Moller 2                     |
| API Number: 05-121-07072 |              | Inspector: ED BINKLEY Cell: 970-380-2683 |

|              |                |  |   |   |         |
|--------------|----------------|--|---|---|---------|
| INSP TYPE HR | INSP STATUS PH | PA <input checked="" type="checkbox"/> N | PASS/FAIL <input checked="" type="checkbox"/> F | VIOLATION Y <input checked="" type="checkbox"/> 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<br>(Rule 210) Y N | Comments: | Fences Y N | Comments: |
|---------------------------------|-----------|------------|-----------|

|   |   |
|---|---|
| Production Pits<br>(Rule 902, 903, 904)<br>EARTHEN PITS ONLY<br><br>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"/> |
|   | Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____  |
|   | Special Purpose Pits Total # _____ Lined # _____ Unlined # _____  |

|  |                          |
|--|--------------------------|
| Tank Battery Equipment<br>(Rule 604)                                     | <input type="checkbox"/> |
| BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER |                          |

|  |                          |
|--|--------------------------|
| Fire Walls/Berms/Dikes<br>[Rule 604.a.(4)] | <input type="checkbox"/> |
|--|--------------------------|

|                                      |                          |
|--------------------------------------|--------------------------|
| General Housekeeping<br>(Rule 603.g) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

|                                  |                          |
|----------------------------------|--------------------------|
| Spills (Oil/Water)<br>(Rule 906) | <input type="checkbox"/> |
|----------------------------------|--------------------------|

|   |  |          |
|---|--|----------|
| UIC Routine Inspection<br>FILL OUT FORM 21<br>WHEN WITNESSING MIT | Inj. Pressure _____<br>Psig<br><br>T-C Ann. Pressure _____<br>Psig | COMMENTS |
|---|--|----------|

|                                      |                          |
|--------------------------------------|--------------------------|
| Drilling Well/Workover<br>(Rule 317) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

|   |       |                          |
|---|-------|--------------------------|
| Surface Rehabilitation<br>(Rule 1003, 1004) | 91495 | <input type="checkbox"/> |
|---|-------|--------------------------|

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

**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.