



02358258



COLORADO OIL & GAS CONSERVATION COMMISSION

WESTERN WELD REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				980 S. Fulton Fort Lupton, CO 80621 303-857-1635			
Date: <u>8/8/00</u>		Facility ID: _____		Operator: <u>Union Pacific Res</u>			
Location: <u>SENE 29-1N-67W</u>		Lease Name: <u>Zarlengo 01-42-29</u>					
API Number: <u>05 - 123 07972</u>		Inspector: LINDA PAVELKA Cell: 303-886-7223					
INSP TYPE <u>SR</u>	INSP STATUS <u>PA</u>	PA <input checked="" type="radio"/> Y <input type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> P <input type="radio"/> F	VIOLATION Y <input checked="" type="radio"/> N <input type="radio"/> N	NOV Y <input checked="" type="radio"/> N <input type="radio"/> 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 Comments: _____ (Rule 210) Y <input checked="" type="radio"/> N <input type="radio"/>			Fences Y <input checked="" type="radio"/> N <input type="radio"/> Comments: _____ (Rule 603.b.(7), 1002.a)				
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY 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"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____					
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"/>					
General Housekeeping (Rule 603.g)		<input type="checkbox"/>					
Spills (Oil/Water) (Rule 906)		<input type="checkbox"/>					
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig		COMMENTS <div style="text-align: right; font-size: small; transform: rotate(90deg);"> RECEIVED AUG 14 00 COGCC </div>			
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>					
Surface Rehabilitation (Rule 1003, 1004)		<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.