

COLORADO



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TATION COMMISSION

REPORT

☐ NOTICE OF UNSATISFACTORY INSPECTION

1120 Lincoln Street, Suite 801

Denver, CO 80203

(303)894-2100

32

☒ NOTICE OF SATISFACTORY INSPECTION

API No. 05-

123 - 12317

LEASE NAME

Owl Creek 30

LOCATION:

SWNW-S1-7N-64W

OPERATOR:

Senex

DATE:

3-27-98

INSPECTOR:

Pavelka

Insp. Type:

SR

Insp. Status:

PA

PA:

Y

N

Pass/Fail:

P

F

Viol.: Y

N

NOV: Y

N

INSPECTION ITEM

COMMENTS

INPUT

Well ID Signs (Rule 210, 604.c(4))		
Pits (Reserve/Production) (Rule 902, 903, 904, 905)		
Fences (Rule 603.b.7, 604.C.(3), 1002.A)		
Tank Battery Equipment (Rule 603.b.3, 604)		
Fire Walls/Berms/Dikes (Rule 603.b.12, 604)		
General Housekeeping (Rule 603)		
Spills (Oil/Water) (Rule 907)		
Bradenhead (Rule 207.b)		
Drilling Well/Workover (Rule 317)		
Surface Rehabilitation (Rule 1002, 1003, 1004, 1103)		
Miscellaneous		

CORRECTIVE ACTION REQUIRED:

No surface disturb-
ance found

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.



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COLORADO OIL & GAS COMMISSION

COLORADO OIL & GAS CONSERVATION COMMISSION
FIELD INSPECTION REPORT

1120 Lincoln Street, Suite 801
Denver, CO 80203

☐ NOTICE OF UNSATISFACTORY INSPECTION
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NGPA FILING

MAY 14 '85

Date Check Recd.

API No. 05-123-12317 County Weld

Filing No. 103- 85-555

Well Name Owl Creek #32

Date of Check MAY 7 '85 Check No. 2054 Amount \$ 850-

Name of Co. Falcon - Houston

Address _____

Maker of Check same

Bank Check Issued On Western Bank
Houston, TX

Purchaser _____

Address _____

API No. 05
LOCATION
DATE
INSPECT
Well ID Sign
(Rule 210, 804)
Pits (Reserve
(Rule 902, 903)
Fences
(Rule 803, 804)
Tank Batter
(Rule 803, 804)
Fire Wall
(Rule 803, 804)
General Ho
(Rule 803)
Spills (Oil/Water)
(Rule 907)
Grabenhead
(Rule 207, 21)
Drilling Well/Waterover
(Rule 317)
Surface Rehabilitation
(Rule 1002, 1003, 1004, 1102)
Miscellaneous

CORRECTIVE ACTION REQUIRED: No surface changes
Date Corrective Action Required By: _____
Date Remedied: _____

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APP 1 11008

Write the County, Operator, P.O. Number