



02359451

RADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION				337 Cambridge			
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				Brush, CO 80723 970-842-4465			
Date: <u>10-25-01</u>		Facility ID:		Operator: <u>Mona Han</u>			
Location: <u>SESE 10-8N-54W</u>				Lease Name: <u>Knutson 1</u>			
API Number: <u>05 - 075 - 09103</u>				Inspector: ED BINKLEY Cell: 970-380-2683			
INSP TYPE	<u>HR</u>	INSP STATUS	<u>DA</u>	PA	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PASS/FAIL	<input checked="" type="checkbox"/> P <input type="checkbox"/> F
VIOLATION		Y		<input checked="" type="checkbox"/> N		NOV	
Y		<input checked="" type="checkbox"/> 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:				Fences Y <input type="checkbox"/> N <input type="checkbox"/>			
(Rule 210) Y <input type="checkbox"/> N <input type="checkbox"/>				(Rule 603.b.(7), 1002.a) Comments:			
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"/>	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		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	
Drilling Well/Workover (Rule 317)						<input type="checkbox"/>	
Surface Rehabilitation (Rule 1003, 1004)		<u>grass</u> ✓				<input type="checkbox"/>	
Miscellaneous						<input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED:							
Date Corrective Action Required By:				Date Remedied:			

 RECEIVED
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 COGCC

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.