



# RADO OIL & GAS CONSERVATION COMMISSION

## NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	<b>337 Cambridge</b> <b>Brush, CO 80723 970-842-4465</b>
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Date: <i>FEB 8, 2001</i>	Facility ID:	Operator: <i>Historical</i>
Location: <i>NESE 8 - 8N-54W</i>	Lease Name: <i>FEIK C. 1</i>	
API Number: <i>05 - 075 - 05935</i>	Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683 <i>[Signature]</i>	

INSP TYPE: <i>HA</i>	INSP STATUS: <i>SA</i>	RECLAM <input type="checkbox"/>	PASS <input checked="" type="checkbox"/>	INTER <input type="checkbox"/>	PASS/FAIL: <i>FP</i> <input type="checkbox"/>	VIOLATION <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NOV <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT				TBG/PKR LK <input type="checkbox"/>		CSG LK <input type="checkbox"/>		<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>			

<b>Well ID Signs</b> Comments: _____ (Rule 210) Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Fences</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Comments: _____ (Rule 603.b.(7), 1002.a)
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<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY  SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Produced Water Pits</b> Total # _____    Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____  <b>Skimming/Settling Pits</b> Total # _____    Covered # _____    Uncovered # _____ Comments: _____  <b>Special Purpose Pits</b> Total # _____    Lined # _____    Unlined # _____ Comments: _____
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<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/>  BURIED OR PARTIALLY BURIED VESSELS : #STEEL    #FIBERGLASS    #CONCRETE    #OTHER
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<b>Fire Walls/Berms/Dikes</b> [Rule 604.a.(4)]	<input type="checkbox"/>
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<b>General Housekeeping</b> (Rule 603.g)	<input type="checkbox"/>
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<b>Spills (Oil/Water)</b> (Rule 906)	<input type="checkbox"/>
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<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig  T-C Ann. Pressure _____ Psig	COMMENTS  <div style="text-align: right; font-size: small;">           RECEIVED            FEB 20 01            COGCC         </div>
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<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<i>Well plugged, surface restored.</i> <i>cutlv</i>	<input type="checkbox"/>
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<b>Miscellaneous</b>	<input type="checkbox"/>
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<b>CORRECTIVE ACTION REQUIRED:</b>	
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.**