



02359342



COLORADO 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: <i>FEB 16, 2001</i>	Facility ID:	Operator: <i>Historical</i>	
Location: <i>SESW 35 - 8N-54W</i>		Lease Name: <i>State 3</i>	
API Number: <i>05 - 075 - 05549</i>		Inspector: ED BINKLEY Cell: 970-380-2683 <i>[Signature]</i>	
INSP TYPE <i>HR</i>	INSP STATUS <i>OK</i>	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/> VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input 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>
Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N		Fences <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		TANK BATTERY EQUIPMENT (Rule 604) <input type="checkbox"/>	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
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 <i>COGCC MAY 18 01 RECEIVED</i>
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 1003, 1004)		<i>Well plugged, surface restored. cultv.</i> <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.