



02359344



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>Apr 16, 2001</i>	Facility ID:	Operator: <i>Historical</i>	
Location: <i>NWSE 35 - 8N-54W</i>		Lease Name: <i>State 2</i>	
API Number: <i>05 - 075 - 05566</i>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <i>HR</i>	INSP STATUS: <i>PA</i>	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL: <i>SR</i> <input checked="" type="checkbox"/> F <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) Y <input checked="" type="checkbox"/> N		Fences 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"/>	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
Tank Battery Equipment (Rule 604)		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig	COMMENTS RECEIVED MAY 18 01 00600
Drilling Well/Workover (Rule 317)		T-C Ann. Pressure _____ Psig	
Surface Rehabilitation (Rule 1003, 1004)		<i>Well plugged, surface restored.</i>	
Miscellaneous			
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.