



COLORADO OIL & GAS CONSERVATION CO

NORTHEAST REGION INSPECTION REPORT



121

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	337 CAMBRIDGE STREET BRUSH, CO 80723 (970)-842-4465
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API No. 05- <u>121 - 08876</u>	LEASE NAME: <u>Want-Fastreau</u>
LOCATION: <u>NE5W 33-35-49W</u>	OPERATOR: <u>Shaver</u>
DATE: <u>9-16-99</u>	INSPECTOR: ED BINKLEY MOBIL (970)-380-2683

INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="checkbox"/>	N <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F	VIOLATION Y <input type="checkbox"/>	N <input type="checkbox"/>	NOV Y <input type="checkbox"/>	N <input type="checkbox"/>
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UIC VIOL TYPE	UA <input type="checkbox"/>	MI <input type="checkbox"/>	OP <input type="checkbox"/>	PA <input type="checkbox"/>	OT <input type="checkbox"/>	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS
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Well ID Signs (Rule 210) <input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A) <input type="checkbox"/>
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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"/> SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____ SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____ COMMENTS/SIZE _____
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	SEP 20 1999

Tank Battery Equipment (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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Fire Walls/Berms/Dikes (Rule 604)	<input type="checkbox"/>
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General Housekeeping (Rule 603.G)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 908)	<input type="checkbox"/>
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UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS
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Drilling Well/Workover (Rule 315)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 317)	<input type="checkbox"/>
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Miscellaneous	<input type="checkbox"/>
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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.