



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	337 Cambridge Brush, CO 80723 970-842-4465
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Date: <u>9-16-99</u>	Facility ID: _____	Operator: <u>Johnson</u>
Location: <u>SE1/4 34-35-49W</u>		Lease Name: <u>Miller</u>
API Number: <u>05-121-05308</u>		Inspector: ED BINKLEY Cell: 970-380-2683

INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> F	VIOLATION Y N	NOV Y 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 (Rule 210) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Comments: _____	Fences <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Rule 603.b.(7), 1002.a) Comments: _____
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	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: _____
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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.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<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	COMMENTS <div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED SEP 20 1999 OIL & GAS </div>
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<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.