



**check wellmaster*

COLORADO OIL & GAS CONSERVATION COMMISSION



NORTHEAST REGION FIELD INSPECTION REPORT

(Handwritten initials)

NOTICE OF UNSATISFACTORY INSPECTION
 NOTICE OF SATISFACTORY INSPECTION

337 Cambridge
Brush, CO 80723 970-842-4465

Date: *9-16-99* Facility ID: _____ Operator: *Johnson*

Location: *NE NW 33-35-49 W* Lease Name: *Wiant - 2*

API Number: *05-121-05310* Inspector: **ED BINKLEY** Cell: 970-380-2683

INSP TYPE *HR* INSP STATUS *DA* PA N PASS/FAIL F VIOLATION Y N NOV Y N

UIC VIOL TYPE UA MI OP PA OT TBG/PKR LK CSG LK ALL UIC VIOLATIONS REQUIRE NOAVS

Well ID Signs (Rule 210) **Y N** Comments: _____ Fences **Y N** (Rule 603.b.(7), 1002.a) Comments: _____

Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY
Produced Water Pits Total # _____ Oil Accumulation? YES NO
Comments: _____
Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
Comments: _____
SENSITIVE AREA YES NO
Special Purpose Pits Total # _____ Lined # _____ Unlined # _____
Comments: _____

Tank Battery Equipment (Rule 604)
BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER
SFB ? 11 1999

Fire Walls/Berms/Dikes [Rule 604.a.(4)]

General Housekeeping (Rule 603.g)
**Site is SWNE on plat - check record in file -*

Spills (Oil/Water) (Rule 906)

UIC Routine Inspection (Rule 21) FILL OUT FORM 21 WHEN WITNESSING MIT
Inj. Pressure _____ Psig COMMENTS
T-C Ann. Pressure _____ Psig

Drilling Well/Workover (Rule 317)

Surface Rehabilitation (Rule 1003, 1004)
grass

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.