



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		337 CAMBRIDGE STREET BRUSH, CO 80723 (970)-842-4465	
API No. 05- <u>121 - 05274</u>		LEASE NAME: <u>Anderson - Wiant</u>	
LOCATION: <u>SWSW 33-35-49W</u>		OPERATOR: <u>Balderson</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	PASS/FAIL <input checked="" type="checkbox"/> F
VIOLATION Y N		NOV Y N	
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
Well ID Signs (Rule 210)	<input type="checkbox"/> Fences (Rule 604.C.(3), 1003.A)		<input type="checkbox"/>
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			
Tank Battery Equipment (Rule 604)	BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____		
Fire Walls/Berms/Dikes (Rule 604)	<input type="checkbox"/>		
General Housekeeping (Rule 603.G)	<input type="checkbox"/>		
Spills (Oil/Water) (Rule 908)	<input type="checkbox"/>		
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG	COMMENTS	
	T-C ANN PRESSURE _____ PSIG		
	BRHD PRESSURE _____ PSIG		
Drilling Well/Workover (Rule 315)	<input type="checkbox"/>		
Surface Rehabilitation (Rule 317)	<input type="checkbox"/>		
Miscellaneous	<u>grass</u> <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.