



01073454



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



NOTICE OF UNSATISFACTORY INSPECTION

1203 Sidney Ave.

NOTICE OF SATISFACTORY INSPECTION

Sterling, CO 80751 970-522-6747

Date: 9-15-03	Facility ID:	Operator: BARRETT & RYDOWAN
Location: SE SE 12 8N54W	Lease Name: LOGAN J - 9-6	
API Number: 05 - 075 - 05913	Inspector: KEVIN LIVELY Cell: 970-380-0166	

INSP TYPE: PA	INSP STATUS: 2A	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/> FAIL	PASS/FAIL <input type="checkbox"/> P <input type="checkbox"/> F	VIOLATION <input type="checkbox"/> Y <input type="checkbox"/> N	NOV <input type="checkbox"/> Y <input type="checkbox"/> N
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"/>	ALL UIC VIOLATIONS REQUIRE NOAVS

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

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"/>
	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____

Tank Battery Equipment (Rule 604)	TUBING WAS RAN INTO HOLE TO 4820' IDXS WERE SPOTTED ON TOP OF CIBP.	<input type="checkbox"/>
BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER		

Fire Walls/Berms/Dikes [Rule 604.a.(4)]	CASING WAS SPOT OFF OF 953' AND LAYED DOWN. TUBING WAS RAN INTO HOLE TO 948'	<input type="checkbox"/>
---	---	--------------------------

General Housekeeping (Rule 603.g)	40 SXS WERE PUMPED AT 948'. TUBING WAS LAYED DOWN, 40 SXS SPOTTED AT 1155' AND	<input type="checkbox"/>
---	---	--------------------------

Spills (Oil/Water) (Rule 906)	15 SACKS WERE PUMPED AT TOP.	<input type="checkbox"/>
---	-------------------------------------	--------------------------

UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS BEST IMAGE AVAILABLE
--	--	--

Drilling Well/Workover (Rule 317)	YETTER WELL SERVICE, RIG 9 YETTER WELL SERVICE CEMENT EQUIPMENT	<input type="checkbox"/>
---	--	--------------------------

Surface Rehabilitation (Rule 1003, 1004)		<input type="checkbox"/>
--	--	--------------------------

Miscellaneous		<input type="checkbox"/>
----------------------	--	--------------------------

CORRECTIVE ACTION REQUIRED: **SURFACE EQUIPMENT REAIEVED WITHIN 3 months.**

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.