



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: <i>FEB 13, 2001</i>	Facility ID:	Operator: <i>Historical Superior</i>
Location: <i>SWSE 17-8N-54W</i>	Lease Name: <i>Classen-Nelson 4</i>	
API Number: <i>05-075-05791</i>	Inspector: ED BINKLEY Cell: 970-380-2683 <i>[Signature]</i>	

INSP TYPE <i>HR</i>	INSP STATUS <i>BA</i>	RECLAM <input type="checkbox"/>	PASS <input checked="" type="checkbox"/>	INTER <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/>	R <input type="checkbox"/>	F <input type="checkbox"/>	VIOLATION <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	N <input checked="" type="checkbox"/>	NOV <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	N <input checked="" type="checkbox"/>	
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"/>		<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>				

Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments:	Fences <input checked="" type="checkbox"/> Y <input checked="" 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="text-align: right; font-size: small;"> RECEIVED FEB 20 01 COGCC </div>
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<i>Well plugged, surface restored.</i>	<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.