



**COLORADO OIL & GAS CONSERVATION COMMISSION**  
**NORTHEAST REGION FIELD INSPECTION REPORT**



|   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION          | <b>337 Cambridge</b>                |
| <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION | <b>Brush, CO 80723 970-842-4465</b> |

|  |                              |   |
|--|------------------------------|---|
| Date: <i>FEB 13, 2001</i>  | Facility ID:                 | Operator: <i>Historical Skelly</i>  |
| Location: <i>SESW 17-8N-54W</i>  | Lease Name: <i>SUACINA 2</i> |   |
| API Number: <i>05-075-05792</i>  | Inspector: <b>ED BINKLEY</b> | Cell: <i>970-380-2683</i>   |
| INSP TYPE: <i>FA</i>   | INSP STATUS: <i>PA</i>       | RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input 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 |                              | PASS/FAIL: <input checked="" type="checkbox"/> P <input type="checkbox"/> F                             |
|  |                              | VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
|  |                              | NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                    |
|  |                              | TBG/PKR LK <input type="checkbox"/>   |
|  |                              | CSG LK <input type="checkbox"/>   |
| <b>ALL UIC VIOLATIONS REQUIRE NOAVS</b>  |                              |   |

|  |           |   |           |
|--|-----------|---|-----------|
| <b>Well ID Signs</b><br>(Rule 210) <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> | Comments: | <b>Fences</b> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> | Comments: |
|  |           | (Rule 603.b.(7), 1002.a)  |           |

|   |   |
|---|---|
| <b>Production Pits</b><br>(Rule 902, 903, 904)<br>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 # _____  |
| SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | Comments:   |

|  |                          |
|--|--------------------------|
| <b>Tank Battery Equipment</b><br>(Rule 604)                              | <input type="checkbox"/> |
| BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER |                          |

|   |                          |
|---|--------------------------|
| <b>Fire Walls/Berms/Dikes</b><br>[Rule 604.a.(4)] | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| <b>General Housekeeping</b><br>(Rule 603.g) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| <b>Spills (Oil/Water)</b><br>(Rule 906) | <input type="checkbox"/> |
|---|--------------------------|

|  |  |          |
|--|--|----------|
| <b>UIC Routine Inspection</b><br>FILL OUT FORM 21<br>WHEN WITNESSING MIT | Inj. Pressure _____ Psig<br>T-C Ann. Pressure _____ Psig | COMMENTS |
|--|--|----------|

|   |                          |
|---|--------------------------|
| <b>Drilling Well/Workover</b><br>(Rule 317) | <input type="checkbox"/> |
|---|--------------------------|

|  |  |                          |
|--|--|--------------------------|
| <b>Surface Rehabilitation</b><br>(Rule 1003, 1004) | <i>Well plugged, surface restored.<br/>grass</i> | <input type="checkbox"/> |
|--|--|--------------------------|

|                      |                          |
|----------------------|--------------------------|
| <b>Miscellaneous</b> | <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.

RECEIVED  
 FEB 20 01  
 COGCC