

Location

Lease Road:			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	All equipment noted on previous inspection has been removed. Wellhead only on pad.		
Corrective Action:			Date:

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 221448 Type: WELL API Number: 077-08049 Status: SI Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: No current MIT on record as required by Rule 326.

Corrective Action: Contact COGCC Underground Injection Control Engineer if over 5 year date or Fails MIT Date: 11/11/2016