



01184980

# 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		<b>337 Cambridge</b> <b>Brush, CO 80723 970-842-4465</b>	
Date: <u>1-25-01</u>	Facility ID: _____	Operator: <u>HISTORICAL</u>	
Location: <u>SWSN 30-8N-53W</u>		Lease Name: <u>McConley 3</u>	
API Number: <u>05-075-07466</u>		Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683	
INSP TYPE: <u>PP</u>	INSP STATUS: <u>OK</u>	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL: <u>PP</u> <input type="checkbox"/> F <input type="checkbox"/>
VIOLATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NOV <input type="checkbox"/> Y <input checked="" 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"/>
<b>Well ID Signs</b> (Rule 210) Y <u>N</u>		<b>Fences</b> Y <u>N</u> (Rule 603.b.(7), 1002.a)	
<b>Production Pits</b> (Rule 902, 903, 904) <b>EARTHEN PITS ONLY</b>  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: _____	
<b>Tank Battery Equipment</b> (Rule 604)		<input type="checkbox"/>  BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
<b>Fire Walls/Berms/Dikes</b> (Rule 604.a.(4))		<input type="checkbox"/>	
<b>General Housekeeping</b> (Rule 603.g)		<input type="checkbox"/>	
<b>Spills (Oil/Water)</b> (Rule 906)		<input type="checkbox"/>	
<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig  T-C Ann. Pressure _____ Psig	COMMENTS  <div style="text-align: center;">           RECEIVED            FEB 20 01            COGCC         </div>
<b>Drilling Well/Workover</b> (Rule 317)		<input type="checkbox"/>	
<b>Surface Rehabilitation</b> (Rule 1003, 1004)		<u>SURFACE RESTORED</u> <u>with</u>	
<b>Miscellaneous</b>		<input type="checkbox"/>	
<b>CORRECTIVE ACTION REQUIRED:</b>  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.

White - File Green - Operator Canary - Well Site