



DO OIL & GAS CONSERVATION COMMISSION
NORTHEAST REGION INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION	337 CAMBRIDGE STREET
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	BRUSH, CO 80723 (970)-842-4465

API No. 05- <u>001-07103</u>	LEASE NAME: <u>Jolly State - 1</u>
LOCATION: <u>8WNW 36-38-57N</u>	OPERATOR: <u>1157</u>
DATE: <u>10-25-99</u>	INSPECTOR: ED BINKLEY MOBIL (970)-380-2683

INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> F	VIOLATION Y N	NOV Y N
UIC VIOL TYPE	UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/>	TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAYS	

Well ID Signs (Rule 210) <input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A) <input type="checkbox"/>
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width:100%"> <tr> <td>PRODUCED WATER PITS</td> <td>TOTAL # _____</td> <td>OIL ACCUMULATION</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>SKIMMING/SETTLING PITS</td> <td>TOTAL # _____</td> <td>COVERED # _____</td> <td>UNCOVERED # _____</td> </tr> <tr> <td>SPECIAL PURPOSE PITS</td> <td>TOTAL # _____</td> <td>LINED # _____</td> <td>UNLINED # _____</td> </tr> <tr> <td colspan="4">COMMENTS/SIZE _____</td> </tr> </table>	PRODUCED WATER PITS	TOTAL # _____	OIL ACCUMULATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	SKIMMING/SETTLING PITS	TOTAL # _____	COVERED # _____	UNCOVERED # _____	SPECIAL PURPOSE PITS	TOTAL # _____	LINED # _____	UNLINED # _____	COMMENTS/SIZE _____			
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COMMENTS/SIZE _____																	

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)	<input type="checkbox"/>
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General Housekeeping (Rule 603.G)	<input type="checkbox"/> NOV 3 0 1999
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Spills (Oil/Water) (Rule 908)	<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 BRHD PRESSURE _____ PSIG	COMMENTS
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Drilling Well/Workover (Rule 315)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 317)	<input type="checkbox"/> <u>grass/cultiv</u>
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Miscellaneous	<input type="checkbox"/> <u>near Hwy 36 dump</u>
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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.