



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: 1-25-01	Facility ID:	Operator: HISTORICAL	
Location: SWSE 33-8N-53W		Lease Name: Sonnenberg 1	
API Number: 05-075-08683		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <input checked="" type="checkbox"/> P	INSP STATUS: <input checked="" type="checkbox"/> A	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	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	
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"/>
ALL UIC VIOLATIONS REQUIRE NOTES			
Well ID Signs (Rule 210) Y <input checked="" type="checkbox"/> N		Fences Y <input checked="" type="checkbox"/> N (Rule 603.b.(7), 1002.a)	
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 Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____	
Tank Battery Equipment (Rule 604)		BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
Fire Walls/Berms/Dikes (Rule 604.a.(4))			
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS RECEIVED FEB 20 01 COGCC
Drilling Well/Workover (Rule 317)			
Surface Rehabilitation (Rule 1003, 1004)		SURFACE RESTORED cut tv	
Miscellaneous			

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.

White - File Green - Operator Canary - Well Site