



02496523

# RADO 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: 10-2-01	Facility ID:	Operator: Redies / ERF
Location: NESW 2-2N-54W	Lease Name: Redies - 3	
API Number: 05 - 121 - 07102	Inspector: ED BINKLEY Cell: 970-380-2683	

INSP TYPE: <input checked="" type="checkbox"/> SR	INSP STATUS: <input checked="" type="checkbox"/> PA	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input checked="" 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 NOAVS

Well ID Signs (Rule 210) Y <input checked="" type="checkbox"/> N	Fences Y <input checked="" type="checkbox"/> N (Rule 603.b.(7), 1002.a)
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<b>Production Pits</b> (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: _____
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<b>Tank Battery Equipment</b> (Rule 604)	BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____
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<b>Fire Walls/Berms/Dikes</b> [Rule 604.a.(4)]	<input type="checkbox"/>
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<b>General Housekeeping</b> (Rule 603.g)	<input type="checkbox"/>
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<b>Spills (Oil/Water)</b> (Rule 906)	<input type="checkbox"/>
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<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: right; font-size: small;">           RECEIVED            OCT 25 01            00600         </div>
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<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<input type="checkbox"/>
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<b>Miscellaneous</b>	<input type="checkbox"/>
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**CORRECTIVE ACTION REQUIRED:** *ER*

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.