



COLORADO OIL & GAS CONSERVATION

NORTHEAST REGION INSPECTION



00374859

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 CAMBRIDGE STREET	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		BRUSH, CO 80723 (970)-842-4465	
API No. 05- 075 - 6320		LEASE NAME: mt. Hope # 40	
LOCATION: SWSWRN 30-9N-53		OPERATOR: Monahan	
DATE: 12-31-98		INSPECTOR: ED BINKLEY MOBIL (970)-380-2683	
INSP TYPE SR	INSP STATUS PA	PA Y <input checked="" type="radio"/> N <input type="radio"/>	PASS/FAIL P <input checked="" type="radio"/> F <input type="radio"/>
VIOLATION <input checked="" type="radio"/> Y <input type="radio"/> N		NOV Y <input type="radio"/> N <input type="radio"/>	
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 NOAVS			
Well ID Signs (Rule 210)	NONE <input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A)	<input type="checkbox"/>
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY	PRODUCED WATER PITS TOTAL # _____ OIL ACCUMULATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
	SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____		
	SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____		
	COMMENTS/SIZE _____		
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO			
Tank Battery Equipment (Rule 604)	BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER <input type="checkbox"/>		
Fire Walls/Berms/Dikes (Rule 604)	<input type="checkbox"/>		
General Housekeeping (Rule 603.G)	<input type="checkbox"/>		
Spills (Oil/Water) (Rule 908)	<input type="checkbox"/>		
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS	
Drilling Well/Workover (Rule 315)	<input type="checkbox"/>		
Surface Rehabilitation (Rule 317)	<input type="checkbox"/>		
Miscellaneous	Cement pump base & anchors valve on casing, no well sign <input type="checkbox"/>		
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