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COLORADO 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>075 - 6297</u>	LEASE NAME: <u>Carey C-1</u>
LOCATION: <u>NESE 29-9N-53</u>	OPERATOR: <u>B.A. - Gulf Oil</u>
DATE: <u>12-31-98</u>	INSPECTOR: ED BINKLEY MOBIL (970)-380-2683

INSP TYPE: <u>SR</u>	INSP STATUS: <u>AA</u>	PA <input checked="" type="checkbox"/> N	PASS/FAIL: <u>P</u> F	VIOLATION Y <input checked="" type="checkbox"/> N	NOV Y N
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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
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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	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) <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"/>	
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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>cultivated</u>
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Miscellaneous <input type="checkbox"/>	
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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.