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# OIL & GAS CONSERVATION COMMISSION NORTH EAST REGION INSPECTION REPORT



|   |                                |
|---|--------------------------------|
| <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- <u>075 - 6365</u>    | LEASE NAME: <u>Green # A-10 (mt/ops # 45)</u>     |
| LOCATION: <u>GRWSW 30-9N-53W</u> | OPERATOR: <u>Shell / Monahan</u>                  |
| DATE: <u>11-12-98</u>            | INSPECTOR: <b>ED BINKLEY</b> MOBIL (970)-380-2683 |

|                     |                       |   |  |  |  |
|---------------------|-----------------------|---|--|--|--|
| INSP TYPE <u>SR</u> | INSP STATUS <u>PA</u> | PA Y <input checked="" type="radio"/> N | PASS/FAIL P <input checked="" type="radio"/> F | VIOLATION <input checked="" type="radio"/> Y N | NOV <input checked="" type="radio"/> 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 NOAVS |
|---------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------------|---------------------------------|----------------------------------|

|  |                                 |
|--|---------------------------------|
| Well ID Signs <input type="checkbox"/> | Fences <input type="checkbox"/> |
| (Rule 210)                             | (Rule 604.C.(3), 1003.A)        |

|   |                                      |  |
|---|--------------------------------------|--|
| Production Pits<br>(Rule 902, 903, 904)<br>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<br>(Rule 604)                                     | <input type="checkbox"/> |
| BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER |                          |

|                                      |                          |
|--------------------------------------|--------------------------|
| Fire Walls/Berms/Dikes<br>(Rule 604) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

|                                      |                          |
|--------------------------------------|--------------------------|
| General Housekeeping<br>(Rule 603.G) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

|                                  |                          |
|----------------------------------|--------------------------|
| Spills (Oil/Water)<br>(Rule 908) | <input type="checkbox"/> |
|----------------------------------|--------------------------|

|   |                             |          |
|---|-----------------------------|----------|
| UIC ROUTINE INSPECTION<br>FILL OUT FORM 21<br>WHEN WITNESSING MIT | INJ PRESSURE _____ PSIG     | COMMENTS |
|   | T-C ANN PRESSURE _____ PSIG |          |
|   | BRHD PRESSURE _____ PSIG    |          |
|   |                             |          |

|                                      |                          |
|--------------------------------------|--------------------------|
| Drilling Well/Workover<br>(Rule 315) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

|                                      |                    |                          |
|--------------------------------------|--------------------|--------------------------|
| Surface Rehabilitation<br>(Rule 317) | <u>grassland -</u> | <input type="checkbox"/> |
|--------------------------------------|--------------------|--------------------------|



|               |  |                                     |
|---------------|--|-------------------------------------|
| Miscellaneous | <u>Risers and cement pump base remain on site.</u> | <input checked="" type="checkbox"/> |
|---------------|--|-------------------------------------|

CORRECTIVE ACTION REQUIRED: Remove oilfield junk and restore grass.

Date Corrective Action Required By: 12-30-98 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.