



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: 6-14-01	Facility ID:	Operator: Historical Tips	
Location: SWSW 22-12N-56W		Lease Name: Buczkewskz - 1	
API Number: 05-123-08036		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 NOAYS			
Well ID Signs (Rule 210) Y N		Fences Y N (Rule 603.b.(7), 1002.a)	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Comments: _____	
Tank Battery Equipment (Rule 604)		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
BURNED OR PARTIALLY BURNED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____		Comments: _____	
Fire Walls/Berms/Dikes (Rule 604.a.(4))		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
General Housekeeping (Rule 603.g)		Comments: _____	
Spills (Oil/Water) (Rule 906)		Comments: _____	
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig	COMMENTS
Drilling Well/Workover (Rule 317)		T-C Ann. Pressure _____ Psig	
Surface Rehabilitation (Rule 1003, 1004)		Grassland Restored	
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.