



01517528

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: <u>10-18-01</u>		Facility ID: _____	
Operator: <u>Monahan</u>		Lease Name: <u>Roelle 1</u>	
Location: <u>SWNE 30-12N-52W</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
API Number: <u>05 - 075 - 09104</u>			
INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> F
VIOLATION Y <input checked="" type="checkbox"/> N		NOV Y <input checked="" type="checkbox"/> N	
UIC VIOL TYPE	UA	MI	OP
PA	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	
Comments: _____		Comments: _____	
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"/>	
Comments: _____		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
Comments: _____		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
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	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		<input type="checkbox"/>	
General Housekeeping (Rule 603.g)		<input type="checkbox"/>	
Spills (Oil/Water) (Rule 906)		<input type="checkbox"/>	
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	
Drilling Well/Workover (Rule 317)		COMMENTS <div style="text-align: right;">RECEIVED DEC - 6 01 COGCC</div>	
Surface Rehabilitation (Rule 1003, 1004)		<input type="checkbox"/>	
Miscellaneous		<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.