



**COLORADO OIL & GAS CONSERVATION COMMISSION**  
**NORTHEAST REGION FIELD INSPECTION REPORT**



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	<b>337 Cambridge</b> <b>Brush, CO 80723 970-842-4465</b>
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Date: <u>8-23-01</u>	Facility ID: _____	Operator: <u>Burke &amp; Brown</u>
Location: <u>SWSW 19-9N-53</u>	Lease Name: <u>mt Hope 13</u>	
API Number: <u>05 - 075 - 06398</u>	Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683	
INSP TYPE: <u>PR</u>	INSP STATUS: <u>PR</u>	RECLAM <input type="checkbox"/> PASS <input 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		ALL UIC VIOLATIONS REQUIRE NOAVS
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"/>

<b>Well ID Signs</b> (Rule 210) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: _____	<b>Fences</b> <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Rule 603.b.(7), 1002.a) Comments: _____
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<b>Production Pits</b> (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	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 # _____ Comments: _____
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<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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<b>Fire Walls/Berms/Dikes</b> [Rule 604.a.(4)]	<input type="checkbox"/>
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<b>General Housekeeping</b> (Rule 603.g)	<input type="checkbox"/>
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<b>Spills (Oil/Water)</b> (Rule 906)	<input type="checkbox"/>
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<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	<b>COMMENTS</b> <div style="text-align: right; font-size: small;">           RECEIVED            OCT 11 01            COGCC         </div>
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<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<input type="checkbox"/> <u>GROSS RESTORED</u>
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<b>Miscellaneous</b>	<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.