



01517537

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>11-25-01</u>		Facility ID: _____	
Operator: <u>Monahan</u>			
Location: <u>SWSW 19-9N-53W</u>		Lease Name: <u>Mt Hope 13</u>	
API Number: <u>05-075-06398</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE <u>SR</u>	INSP STATUS <u>PIA</u>	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> P F
VIOLATION Y <input checked="" type="radio"/> N		NOV Y <input checked="" type="radio"/> N	
UIC VIOL TYPE UA MI OP PA OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>
		<small>ALL UIC VIOLATIONS REQUIRE NOAVS</small>	
Well ID Signs (Rule 210) Y <input checked="" type="radio"/> N		Fences Y <input checked="" type="radio"/> 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 <input type="checkbox"/>	
		Comments: _____	
		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
		Comments: _____	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
		Comments: _____	
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 _____ Psin	COMMENTS
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>	
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.

White - File Green - Operator Canary - Well Site