



02357539

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: 4-10-01	Facility ID:	Operator: <i>Historical</i>	
Location: <i>SESE 4-35-600W</i>		Lease Name: <i>Schul-1</i>	
API Number: 05 - 001 - 05100		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE: <i>HR</i>	INSP STATUS: <i>OK</i>	RECLAM <input type="checkbox"/> PASS <input checked="" type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input checked="" type="checkbox"/> P <input type="checkbox"/> F
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"/> <small>ALL UIC VIOLATIONS REQUIRE NOVS</small>
Well ID Signs Comments:		Fences Y N Comments:	
(Rule 210) 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 <input type="checkbox"/>		
	Comments: _____		
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____		
	Comments: _____		
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 _____ Psig	COMMENTS <div style="text-align: right;">RECEIVED MAY 18 01 COGCC</div>	
Drilling Well/Workover (Rule 317)	<input type="checkbox"/>		
Surface Rehabilitation (Rule 1003, 1004)	<i>cultv</i> <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.