



02357530

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



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION	<b>337 Cambridge</b>
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	<b>Brush, CO 80723 970-842-4465</b>

Date: <u>3/29/01</u>	Facility ID:	Operator: <u>Trinity Energy</u>
Location: <u>NE NW 22-35-61W</u>	Lease Name: <u>Carlson - 1</u>	
API Number: <u>05-001-07843</u>	Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683	
INSP TYPE: <u>SR</u>	INSP STATUS: <u>PP</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 NOAYS
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) Y N	Comments:	<b>Fences Y N</b> (Rule 603.b.(7), 1002.a)	Comments:
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<b>Production Pits</b> (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 # _____
<b>SENSITIVE AREA</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments: _____
	Special Purpose Pits Total # _____ Lined # _____ Unlined # _____

<b>Tank Battery Equipment</b> (Rule 604)	<input type="checkbox"/>
BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER	

<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	COMMENTS
	T-C Ann. Pressure _____ Psig	

<b>Drilling Well/Workover</b> (Rule 317)	<input type="checkbox"/>
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<b>Surface Rehabilitation</b> (Rule 1003, 1004)	<input type="checkbox"/>
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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.

RECEIVED  
 MAR 18 01  
 COGCC

*wheat field*  
*Building housing*