



02357530

COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHEAST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: <u>3/29/01</u>		Facility ID: _____	
Operator: <u>Trinity Energy</u>		Lease Name: <u>Carlson - 1</u>	
Location: <u>NE NW 22-35-61W</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
API Number: <u>05-001-02843</u>			
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	
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 NOAYS</small>	
Well ID Signs (Rule 210) Y N		Fences 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 checked="" type="checkbox"/> NO	
		Comments: _____	
SENSITIVE AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____	
		Comments: _____	
		Special Purpose Pits Total # _____ Lined # _____ Unlined # _____	
		Comments: _____	
Tank Battery Equipment (Rule 604)			
		BURIED OR PARTIALLY BURIED VESSELS : #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]			
General Housekeeping (Rule 603.g)			
Spills (Oil/Water) (Rule 906)			
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		COMMENTS	
Drilling Well/Workover (Rule 317)			
Surface Rehabilitation (Rule 1003, 1004)			
Miscellaneous			
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