



02357574

# 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>			
Date: <u>10-18-01</u>		Facility ID: _____		Operator: <u>Mona ham</u>			
Location: <u>NENE 32-12N-54W</u>				Lease Name: <u>Jones</u>			
API Number: <u>05 - 075- 08853</u>				Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683			
INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="radio"/> N	PASS/FAIL <input checked="" type="radio"/> 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>		
<b>Well ID Signs</b> (Rule 210) Y N				<b>Fences Y N</b> (Rule 603.b.(7), 1002.a)			
<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: _____			
<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"/>			
<b>General Housekeeping</b> (Rule 603.g)				<input type="checkbox"/>			
<b>Spills (Oil/Water)</b> (Rule 906)				<input type="checkbox"/>			
<b>UIC Routine Inspection</b> FILL OUT FORM 21 WHEN WITNESSING MIT				Inj. Pressure _____ Psig  T-C Ann. Pressure _____ Psig		<b>COMMENTS</b>	
<b>Drilling Well/Workover</b> (Rule 317)				<input type="checkbox"/>			
<b>Surface Rehabilitation</b> (Rule 1003, 1004)				<input type="checkbox"/>			
<b>Miscellaneous</b>				<input type="checkbox"/>			
<b>CORRECTIVE ACTION REQUIRED:</b>							
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.