



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	337 Cambridge Brush, CO 80723 970-842-4465
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Date: <u>10-18-01</u>	Facility ID:	Operator: <u>Monahan</u>
Location: <u>NENE 32-12N-54W</u>		Lease Name: <u>Jones</u>
API Number: <u>05 - 075- 08853</u>		Inspector: ED BINKLEY 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>

Well ID Signs (Rule 210) Y N	Fences Y N (Rule 603.b.(7), 1002.a)
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	<table style="width:100%;"> <tr> <td>Produced Water Pits</td> <td>Total # _____</td> <td>Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Skimming/Settling Pits</td> <td>Total # _____</td> <td>Covered # _____</td> <td>Uncovered # _____</td> </tr> <tr> <td>Special Purpose Pits</td> <td>Total # _____</td> <td>Lined # _____</td> <td>Unlined # _____</td> </tr> </table>	Produced Water Pits	Total # _____	Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Skimming/Settling Pits	Total # _____	Covered # _____	Uncovered # _____	Special Purpose Pits	Total # _____	Lined # _____	Unlined # _____
Produced Water Pits	Total # _____	Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>										
Skimming/Settling Pits	Total # _____	Covered # _____	Uncovered # _____										
Special Purpose Pits	Total # _____	Lined # _____	Unlined # _____										

Tank Battery Equipment (Rule 604)	<input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER
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Fire Walls/Berms/Dikes [Rule 604.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig	COMMENTS
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/> <u>grass ✓</u>
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Miscellaneous	<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
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