



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

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION				<b>337 Cambridge</b>			
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				<b>Brush, CO 80723 970-842-4465</b>			
Date: <u>10-4-01</u>		Facility ID:		Operator: <u>Falcon Seaboard Historical</u>			
Location: <u>NESE 25-12N-55W</u>		Lease Name: <u>Clearman - UPRR</u>					
API Number: <u>05-075-07265</u>		Inspector: <b>ED BINKLEY</b> Cell: 970-380-2683					
INSP TYPE <u>HR</u>	INSP STATUS <u>OA</u>	PA <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT <input type="checkbox"/>	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) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			<b>Fences</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
Comments:			Comments:				
<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 # _____					
		Comments: _____					
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		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 _____ Psia		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED OCT 11 01 COGCC</div>			
<b>Drilling Well/Workover</b> (Rule 317)							
<b>Surface Rehabilitation</b> (Rule 1003, 1004)		<input type="checkbox"/>					
<u>cultivated</u>							
<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.