



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



<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION	337 CAMBRIDGE STREET
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	BRUSH, CO 80723 (970)-842-4465

API No. 05- <i>001 - 05040</i>	LEASE NAME: <i>UPRR-NOONEN</i>
LOCATION: <i>SESW 13-35-59W</i>	OPERATOR: <i>Walsh</i>
DATE: <i>8-5-99</i>	INSPECTOR: ED BINKLEY MOBIL (970)-380-2683

INSP TYPE <i>CSR</i>	INSP STATUS <i>PA</i>	PA <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PASS/FAIL P <input checked="" type="checkbox"/> F	VIOLATION <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	NOV Y <input type="checkbox"/> N
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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"/>	ALL UIC VIOLATIONS REQUIRE NOAVS
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Well ID Signs (Rule 210)	<input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A)	<input type="checkbox"/>
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY	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 # _____
COMMENTS/SIZE _____		
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		

Tank Battery Equipment (Rule 604)	<i>AUG 10 1999</i>	<input type="checkbox"/>
	BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER	

Fire Walls/Berms/Dikes (Rule 604)		<input type="checkbox"/>
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General Housekeeping (Rule 603.G)	<i>8x20</i>	<input type="checkbox"/>
	<i>al Large cement pump base</i>	

Spills (Oil/Water) (Rule 908)		<input type="checkbox"/>
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UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG	COMMENTS
	T-C ANN PRESSURE _____ PSIG	
	BRHD PRESSURE _____ PSIG	

Drilling Well/Workover (Rule 315)		<input type="checkbox"/>
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Surface Rehabilitation (Rule 317)	<i>grass</i>	<input type="checkbox"/>
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Miscellaneous		<input type="checkbox"/>
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CORRECTIVE ACTION REQUIRED: <i>Remove cement pump base, risers, anchors, etc - restore grass</i>	
Date Corrective Action Required By: <i>8-30-99</i>	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.