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COLORADO OIL & GAS CONSERVATION COMMISSION  
NORTHWEST REGION INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION	73 SIPPRELLE DR
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	PARACHUTE, CO 81654 (970)-285-9000

API No. 05- (107 - 5080)	LEASE NAME: STATE 3
LOCATION: SE NW 18 6N 86W	OPERATOR: C R Allen
DATE: 1/18/99	INSPECTOR: JAY KRABACHER MOBIL (970)-216-5749

INSP TYPE	INSP STATUS SI	PA Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	PASS/FAIL P <input checked="" type="checkbox"/> F <input type="checkbox"/>	VIOLATION Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	NOV Y <input type="checkbox"/> N <input type="checkbox"/>
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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) NO. <input type="checkbox"/>
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY  SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/>	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 _____

NO 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) <input type="checkbox"/>	
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General Housekeeping (Rule 603.G) <input type="checkbox"/>	SNOW COVER
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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) <input type="checkbox"/>	
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Miscellaneous <input type="checkbox"/>	
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**CORRECTIVE ACTION REQUIRED:**

Date Corrective Action Required By: \_\_\_\_\_ Date Remedied: \_\_\_\_\_



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This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in timely manner. Failure to comply may result in enforcement action by the Commission.