



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHWEST REGION INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION				P O BOX 98 LOMA, CO 81524 (970)-858-7521			
API No. 05- <u>107 - 5092</u>			LEASE NAME: <u>Bradley #3</u>				
LOCATION: <u>NENW, 18, 6N, 86W</u>			OPERATOR: <u>Allen O+G</u>				
DATE: <u>1-12-99</u>			INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440 <i>Previous</i>				
INSP TYPE <u>CO</u>	INSP STATUS <u>TA</u>	PA Y <input checked="" type="radio"/> N	PASS/FAIL P <input checked="" type="radio"/> F	VIOLATION <input checked="" type="radio"/> Y N	NOV <input checked="" type="radio"/> Y 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"/>		ALL UIC VIOLATIONS REQUIRE NOAVS	
Well ID Signs (Rule 210) <u>NONE</u> <input type="checkbox"/>		Fences <u>NONE</u> <input type="checkbox"/>					
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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 <u>NONE</u>					
Tank Battery Equipment (Rule 604)		<u>1-150, 1 RPU, NO P.M.</u> C <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER					
Fire Walls/Berms/Dikes (Rule 604)		<u>NONE</u> <input type="checkbox"/>					
General Housekeeping (Rule 603.G)		<u>OK</u> <input type="checkbox"/>					
Spills (Oil/Water) (Rule 908)		<u>stain around wellhead</u> <input type="checkbox"/>					
UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT		INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG		COMMENTS			
Drilling Well/Workover (Rule 315)		_____ <input type="checkbox"/>					
Surface Rehabilitation (Rule 317)		_____ <input type="checkbox"/>					
Miscellaneous		_____ <input type="checkbox"/>					
CORRECTIVE ACTION REQUIRED: <u>MIT, RTP or PRA</u>							
Date Corrective Action Required By: <u>See NOAV</u>				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.