



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHWEST REGION INSPECTION REPORT

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| <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 ^{Previous} | |
| INSP TYPE <u>CO</u> | INSP STATUS <u>TA</u> | PA Y <input checked="" type="checkbox"/> N | PASS/FAIL P <input checked="" type="checkbox"/> F |
| VIOLATION <input checked="" type="checkbox"/> Y N | | NOV <input checked="" type="checkbox"/> 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 (Rule 604.C.(3), 1003.A) | <u>NONE</u> <input type="checkbox"/> |
| 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 <u>NONE</u> | | |
| SENSITIVE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | C | | |
| Tank Battery Equipment (Rule 604) | <u>1-150, 1 RPU, NO P.M.</u> | | <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 | COMMENTS |
| | BRHD PRESSURE _____ PSIG | | |
| 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 PTA</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.