



COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHWEST REGION INSPECTION REPORT

EXHIBIT 17

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		P O BOX 98	
<input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		LOMA, CO 81524 (970)-858-7521	
API No. 05- 107 - 5082		LEASE NAME: State #2	
LOCATION: SENEW, 18, 6N, 86W		OPERATOR: Allen O&G	
DATE: 1-12-99		INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440- <i>Parmer</i>	
INSP TYPE CG	INSP STATUS TA	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)	NONE <input type="checkbox"/>	Fences NONE <input type="checkbox"/>	<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Tank Battery Equipment (Rule 604)	1-RPU, NO PM <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER		
Fire Walls/Berms/Dikes (Rule 604)	N/A <input type="checkbox"/> C		
General Housekeeping (Rule 603.G)	ok <input type="checkbox"/>		
Spills (Oil/Water) (Rule 908)	stains around wellhead very old <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 PAA</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.

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