



EXHIBIT 17
COLORADO OIL & GAS CONSERVATION COMMISSION
NORTHWEST REGION INSPECTION REPORT

<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: SENW 18, 6N, 86W		OPERATOR: Allen O&G	
DATE: 1-12-99		INSPECTOR: JAIME ADKINS MOBIL (970)-250-2440- Premier	
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"/>	(Rule 604.C.(3), 1003.A)
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 NONE		
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"/>		
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	COMMENTS	
	T-C ANN PRESSURE _____ PSIG		
	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: MIT, RTP or PAA			
Date Corrective Action Required By: Lee NOAV		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.