



COLORADO OIL & GAS CONSERVATION COMMISSION

NORTHEAST REGION FIELD INSPECTION REPORT



☒ NOTICE OF UNSATISFACTORY INSPECTION
☐ NOTICE OF SATISFACTORY INSPECTION

337 Cambridge
 Brush, CO 80723 970-842-4465

Date: <u>3-10-90</u>		Facility ID: _____		Operator: <u>ERF</u>	
Location: <u>NWSE 20-15-55W</u>		Lease Name: <u>Blake C-1</u>			
API Number: <u>05-121-06455</u>		Inspector: ED BINKLEY Cell: 970-380-2683			
INSP TYPE <u>SR/JO/EA</u>	INSP STATUS <u>PA</u>	PA <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	PASS/FAIL <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> F	VIOLATION <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	NOV <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
UIC VIOL TYPE	UA	MI	OP	PA	OT
			TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/>	ALL UIC VIOLATIONS REQUIRE NOAVS

Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Fences <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
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Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____
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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.a.(4)]	<input type="checkbox"/>
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General Housekeeping (Rule 603.g)	<input type="checkbox"/>
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Spills (Oil/Water) (Rule 906)	<input type="checkbox"/>
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UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT	Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psia	COMMENTS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Drilling Well/Workover (Rule 317)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 1003, 1004)	<input type="checkbox"/> <i>meeting with Craig Quigg - Lundberg</i>
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Miscellaneous	<input type="checkbox"/> <i>photos - 1, 2, 3, 4 → 10, 12</i>
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CORRECTIVE ACTION REQUIRED:		
Date Corrective Action Required By: _____	 02158794	Date Remedied: _____