



02358280

COLORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST REGION FIELD INSPECTION REPORT

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|---|---|--|--|
| <input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION | | 337 Cambridge Brush, CO 80723 970-842-4465 | |
| Date: <u>8-14-01</u> | | Facility ID: _____ | |
| Operator: <u>Walsh</u> | | Lease Name: <u>State A 1</u> | |
| Location: <u>NENE 29-7N-53W</u> | | API Number: 05 - <u>075-05277</u> | |
| Inspector: ED BINKLEY | | Cell: 970-380-2683 | |
| INSP TYPE <input checked="" type="checkbox"/> <u>SR</u> | INSP STATUS <input checked="" type="checkbox"/> <u>PA</u> | RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input checked="" type="checkbox"/> | PASS/FAIL <input type="checkbox"/> P <input checked="" type="checkbox"/> F <input type="checkbox"/> |
| UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT | | TBG/PKR LK <input type="checkbox"/> | CSG LK <input type="checkbox"/> <small>ALL UIC VIOLATIONS REQUIRE NOAVS</small> |
| Well ID Signs (Rule 210) Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> | | Fences Y N (Rule 603.b.(7), 1002.a) | |
| 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 <input type="checkbox"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____ | |
| Tank Battery Equipment (Rule 604) | | <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER | |
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | | <input type="checkbox"/> | |
| General Housekeeping (Rule 603.g) | | <input type="checkbox"/> | |
| Spills (Oil/Water) (Rule 906) | | <input type="checkbox"/> | |
| UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT | | Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig | COMMENTS <div style="text-align: right; transform: rotate(90deg);"> RECEIVED OCT 11 01 COGCC </div> |
| Drilling Well/Workover (Rule 317) | | <input type="checkbox"/> | |
| Surface Rehabilitation (Rule 1003, 1004) | | <input type="checkbox"/> | |
| Miscellaneous | | <input type="checkbox"/> | |
| CORRECTIVE ACTION REQUIRED: <u>Close road beds, contour, reseed. Remove sands,</u> <u>Restore salted areas at battery and west of battery site</u> Date Corrective Action Required By: _____ 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.