



ENV

WILDHORSE FLD ✓

COLORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST REGION FIELD INSPECTION REPORT

<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		337 Cambridge Brush, CO 80723 970-842-4465	
Date: <u>1-4-01</u>	Facility ID: _____	Operator: _____	
Location: <u>NNNW 8-TN-58W</u>		Lease Name: <u>Compressor site</u>	
API Number: <u>05-123-</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE	INSP STATUS	RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/>	PASS/FAIL <input type="checkbox"/> P <input type="checkbox"/> F
UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT		TSG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/> <small>ALL UIC VIOLATIONS REQUIRE NOVA</small>
Well ID Signs (Rule 210) Y N		Fences Y N (Rule 603.b.(7), 1002.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"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Tank Battery Equipment (Rule 604)	
Fire Walls/Berms/Dikes (Rule 604.a.(4))		BURIED OR PARTIALLY BURIED VESSELS: #STEEL _____ #FIBERGLASS _____ #CONCRETE _____ #OTHER _____	
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 _____ _____
Drilling Well/Workover (Rule 317)		<input type="checkbox"/>	
Surface Rehabilitation (Rule 1003, 1004)		<u>Count + risers in grass</u> 123 <input type="checkbox"/>	
Miscellaneous		<u>WCR 123X Hwy 14</u> 14 <input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED:			
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.