



ADO OIL & GAS CONSERVATION COMMISSION
NORTHEAST REGION INSPECTION REPORT



<input type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input checked="" type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION	337 CAMBRIDGE STREET BRUSH, CO 80723 (970)-842-4465
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API No. 05- <u>001 - 06038</u>	LEASE NAME: <u>Jolly</u>
LOCATION: <u>NWSE 18-35-57W</u>	OPERATOR: <u>Historical</u>
DATE: <u>10-25-99</u>	INSPECTOR: ED BINKLEY MOBIL (970)-380-2683

INSP TYPE <u>HR</u>	INSP STATUS <u>DA</u>	PA <input checked="" type="checkbox"/>	N <input type="checkbox"/>	PASS/FAIL <u>P</u>	F <input type="checkbox"/>	VIOLATION Y <input type="checkbox"/>	N <input type="checkbox"/>	NOV Y <input type="checkbox"/>	N <input type="checkbox"/>
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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"/>	<small>ALL UIC VIOLATIONS REQUIRE NOAYS</small>
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Well ID Signs (Rule 210) <input type="checkbox"/>	Fences (Rule 604.C.(3), 1003.A) <input type="checkbox"/>
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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 <input type="checkbox"/> SKIMMING/SETTLING PITS TOTAL # _____ COVERED # _____ UNCOVERED # _____ SPECIAL PURPOSE PITS TOTAL # _____ LINED # _____ UNLINED # _____ COMMENTS/SIZE _____
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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)	<input type="checkbox"/>
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General Housekeeping (Rule 603.G)	<input type="checkbox"/> NOV 30 1999
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Spills (Oil/Water) (Rule 908)	<input type="checkbox"/>
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UIC ROUTINE INSPECTION FILL OUT FORM 21 WHEN WITNESSING MIT	INJ PRESSURE _____ PSIG T-C ANN PRESSURE _____ PSIG BRHD PRESSURE _____ PSIG	COMMENTS
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Drilling Well/Workover (Rule 315)	<input type="checkbox"/>
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Surface Rehabilitation (Rule 317)	<input type="checkbox"/> <u>cutting grass</u>
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Miscellaneous	<input type="checkbox"/>
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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.