

Location

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

	Type PUMP JACK		
Comment:			
Corrective Action:		Date:	
	Type PIT		
Comment:			
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Gas Meter Run # 2			
Comment:			
Corrective Action:		Date:	
Type: Pump Jack # 1			
Comment:			
Corrective Action:		Date:	
Type: Compressor # 1			
Comment:			
Corrective Action:		Date:	
Type: Vertical Separator # 2			
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked # 4			
Comment:			
Corrective Action:		Date:	
Type: Progressive Cavity # 1			

Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 264748 Type: WELL API Number: 071-07727 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 271869 Type: WELL API Number: 071-08036 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date: c

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: YES

Comment: 25' x 60'

Corrective Action

Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	270774	1126351	
	273955	1470061	

Monitoring:	Monitoring Type	Comment`
	Chain	