

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type OTHER

Comment: [Corrective action completed.](#)

Corrective Action:

Date:

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type: Ancillary equipment

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corrective date

Comment: [Wellhead - Corrective action completed.](#)

Corrective Action:

Date:

Venting:

Yes/No

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected Facilities

Facility ID: 214952 Type: WELL API Number: 067-06557 Status: PR Insp. Status: PR