

Location

Overall Good:

| | | | |
|----------------------|-----------------------------|-------|--|
| Signs/Marker: | | | |
| Type | DRILLING/RECOMP | | |
| Comment: | Key 15 at location entrance | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 247566 Type: WELL API Number: 123-15363 Status: PR Insp. Status: PA

Cement

Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: At time of inspection. Crew completed running scraper to bottom of hole. Wire line crew on standby to perform cement bond log.

Corrective Action:

Date: _____

COGCC Comments

| Comment | User | Date |
|---|----------|------------|
| Routine PA operations. Company representative on location: Josh Gustaffason. | carlilec | 02/14/2017 |