

Location

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

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: 439321 Type: WELL API Number: 123-40377 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1304 psig Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LYNS
 TC: Pressure or inches of Hg 0 psig Previous Test Pressure _____ Last MIT: 01/02/2015
 Brhd: Pressure or inches of Hg 0 psig Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Comment: Bradenhead valve is exposed at surface.

Corrective Action: _____ Date: _____