

Location

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
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?

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 448969 Type: WELL API Number: 057-06593 Status: XX Insp. Status: WK

Well Stimulation

Stimulation Company: Haliburton Stimulation Type: HYDRAULIC FRAC
Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: 7706 Instantaneous Shut-In Pressure (ISIP) 4478
Bradenhead Psi: 0 Frac Flow Back: Fluid: _____ Gas: _____

Comment: Inspector on location to witness stage 2 of 42 on 057-06593. Zipper frack being performed. While fracking, perfering for stage 3 of 42 occuring on 057-06594.

Corrective Action: _____ Date: _____