



**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?

**Equipment:**

Type	Area	Volume			corrective date
Type: Deadman # & Marked		# 4			
Comment:					
Corrective Action:				Date:	
Type: Ancillary equipment		# 1			
Comment:	Electrical box				
Corrective Action:				Date:	
Type: Progressive Cavity		# 1			
Comment:					
Corrective Action:				Date:	
Type: Gas Meter Run		# 1			
Comment:					
Corrective Action:				Date:	
Type: Vertical Separator		# 1			
Comment:					
Corrective Action:				Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 217544 Type: WELL API Number: 071-06321 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