



**Location**

Overall Good:

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: 247970 Type: WELL API Number: 123-15768 Status: SI 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: Form 6 document number: 401417249  
Form 42(PA) dated: 10/30/17

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**COGCC Comments**

| Comment                       | User     | Date       |
|-------------------------------|----------|------------|
| Well plugged battery removed. | carlilec | 11/16/2017 |