



99999999

WELL SITE INSPECTION FORM

S



Well Name MORRISON #15 API Number 05 - 025 - 6195
 Operator GULF Permit # _____
 Location SW1-8N-54W County LOGAN
 Field NW GRAYLIN Inspector R. Van Sickle
 AL/PA/DA Inspection Results: Well Status: _____
 Pass (Y) Fail (N) _____ Date 9-21-90 FN _____ FD _____ WO _____ PR _____ SI _____

Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____
 Consistent with APD casing Program? YES _____ NO _____ Returns _____
 Rig _____ BOP'S _____ Contact _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____
 Drilling Pits: Closed _____ Open _____ Wellhead Installed: _____ Sign: Yes _____ No _____
 Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBLS
 Equipment _____ Meter Run: Yes _____ No _____
 Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: 3-10-59 Date Permit Expired: _____
 Hole Plugged: Yes No _____ Pits Backfilled: Yes No _____
 Material Buried: Yes No _____ N/A _____ Site Clean: Yes No _____
 Bond Release OK: Yes No _____ Fed _____ Hole Marker: Yes _____ No

Date of Safety/Status Inspection _____

Comments: UNIT W-67



00217931

Violations: Yes _____ No Notice Sent: Yes _____ No _____ Date Sent: _____