

WELL SITE INSPECTION FORM

Well Name Rosener 1 API Number 05 - 001 - 08927
 Operator CH2A Dr/H 10724 Permit # 900613
 Location SWSW 31-15-58 40 County adams
 Field _____ Inspector Binkley
 AL/PA/DA Inspection Results: Well Status:
 Pass (Y) _____ Fail (N) X Date 11-16-90 FN _____ FD _____ WO _____ PR _____ SI _____

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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: 6-18-90 Date Permit Expired: _____
 Hole Plugged: Yes X 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: cutoff csg 4' bgl, weld plate

(Difficult access)

(op # not Y in N+A)



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