



Rehab



WELL SITE INSPECTION FORM

Well Name 9-13 H 6 API Number 05-123-18195
Operator Smider Permit # 940408
Location SW 800 - 59 - 5N - 10W County Field
Field Wattenberg Inspector Pavelka

AL/PA/DA/Inspection Results: Well Status:
Pass(Y) ☒ Fail(N) ☐ Date 12/13/94 ND ☐ DG ☐ WO ☒ PR ☐ SI ☐ TA ☐

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 _____ Stage Tool Depth _____ Cmt. Vol. _____

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: _____ 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: _____
_____ Pit Backfilled _____

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