



99999999

WELL SITE INSPECTION FORM



WELL NAME Shelbe
OPERATOR Sarita Energy
LOCATION NWSE 7, 6N, 8SW
FIELD WC

API NUMBER 05 - 107 - 6160
PERMIT NUMBER 88-813
COUNTY Routt
INSPECTOR Kathy Buell

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) _____ FAIL(N) _____ DATE _____ FN _____ FD ☒ WO _____

=====

DATE OF INSPECTION BEFORE/DURING DRILLING _____

CASING SIZE _____ DEPTH SET _____ CMT VOL _____ WOC _____

CONSISTENT WITH APD CASING PROGRAM? _____ RETURNS _____

RIG _____ BOP'S _____ CONTACT _____

DATE OF INSPECTION BEFORE/DURING/AFTER COMPLETION 10-4-88

PIPE SET? No COMPLETION RIG/ACTIVITY None

DRILLING PITS: CLOSED _____ OPEN wet WELLHEAD SYSTEM INSTALLED No

TANK ID: YES _____ NO _____ NA ☒ WELL SIGN: YES _____ NO ☒

SKIM PIT: _____ gal TANKS: () _____ bbls

EQUIPMENT _____

BRADENHEAD PRESSURE _____ FLUID: NO _____ YES _____ TYPE _____

METER RUN: YES _____ NO _____ WELL STATUS: PR _____ TA _____ SI ☒ WELL CAT 3- A

AL/PA/DA INSPECTION

DATE PLUGGED: _____ DATE PERMIT EXPIRED: _____

HOLE PLUGGED: YES _____ NO _____ PITS BACKFILLED: YES _____ NO _____

MATERIAL BURIED: YES _____ NO _____ NA _____ SITE CLEAN: YES _____ NO _____

BOND RELEASE OK: YES _____ NO _____ FED _____ HOLE MARKER: YES _____ NO _____

DATE OF SAFETY/STATUS INSPECTION _____

COMMENTS Open surface casing w/ flang - no cover.

Semi with drilling mud on location

10/11/88 Called Bill Driscoll - not in (512) 343-7595



00224082

P 921 799 578

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

| | |
|---|----------------|
| Sent to <i>Sarita Energy</i> | |
| Street and No. <i>9420 Research #280</i> | |
| P.O., State and ZIP Code <i>Austin, TX 78759</i> | |
| Postage | \$ <i>.25</i> |
| Certified Fee | <i>.85</i> |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date Delivered | <i>.90</i> |
| Return Receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ <i>2.00</i> |
| Postmark or Date <i>5-25-89</i> | |

PS Form 3800, June 1985

copies in file

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to:

*Sarita Energy Corp.
9420 Research, #280
Austin, TX 78759*

4. Article Number

P 921 799 578

Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

JUN 14 1989

8. Addressee's Address (ONLY if requested and fee paid)