



99999999

WELL SITE INSPECTION FORM



WELL NAME Shelbe
OPERATOR Sarita Energy
LOCATION NWSE 7, 6N, 85W
FIELD WC

API NUMBER 05 - 107 - 6160
PERMIT NUMBER 88-813
COUNTY Routh
INSPECTOR Kedy Buell

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

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

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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

WELL SITE INSPECTION FORM

02 - 107 - 20

PERMIT NUMBER 88-813

COUNTY Hays

INSPECTOR Kelly J. Hall

P 921 799 578

RECEIPT FOR CERTIFIED MAIL

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

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

PS Form 3800, June 1985

Postmark or Date
5-25-89

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) (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)