



WELL SITE INSPECTION FORM

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Well Name WAB-2

API Number 05 - 075 - 06296

Operator GULF

Permit # _____

Location NWSE 24.9N-53W

County LOGAN

Field MT. HOPE

Inspector R. VanSickle

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) ✓ Fail(N) _____ Date 4-18-90 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 _____ Y _____ N _____

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: 2-11-59

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: _____



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