

WELL SITE INSPECTION FORM

LOCATION SUNE 16, 7N, 90W
 OPERATOR Chandler
 WELL NAME NE Craig State

FIELD WC
 COUNTY Moffat
 PERMIT # 86-857

DATE OF INSPECTION DURING DRILLING: _____

RIG _____ SURFACE CASING: _____ DEPTH: _____
 BOP'S _____ RETURNS: _____ WOC: _____
 CONTACT _____ CMT VOL: _____
 ADEQUATE AQUIFER PROTECTION? _____
 COMMENTS _____

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: YES ___ NO ___ PRODUCTION STRING: _____
 WATER DISPOSAL: PITS ___, INJECTED ___, COMMERCIAL ___, UNKNOWN ___, N.A. ___
 PITS: PERMIT Y ___ N ___, SKIM TANK Y ___ N ___, DIMENSIONS _____
 LEASE SIGN: YES ___ NO ___ TANK ID: YES ___ NO ___ FENCED: YES ___ NO ___
 SURFACE EQUIPMENT: _____
 COMMENTS: _____

DATE OF P&A INSPECTION 1-16-87

PITS BACKFILLED: YES ☒ NO ___ SURFACE RECLAIMED: YES ☒ NO ___
 HOLE MARKER: YES ___ NO ☒ SITE CLEAN: YES ☒ NO ___
 BOND RELEASE OK: YES ___ NO ___ LANDOWNER RELEASE: YES ___ NO ___
 COMMENTS: Did not walk on location but could see where
dirt work has been done ~ 1/8 mile

DATE OF SAFETY INSPECTION _____

COMMENTS: _____



00221841

INSPECTOR ETOS

Computer PA - yes