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## WELL SITE INSPECTION FORM

WELL NAME "G" #1API NUMBER 05 - 075 - 6644

OPERATOR \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

LOCATION NWNE 2-9N-54WCOUNTY LoganFIELD Cedar Creek NorthINSPECTOR SP

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) ☒ FAIL(N) \_\_\_\_\_ DATE 1/25/89 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 \_\_\_\_\_

PIPE SET? \_\_\_\_\_ COMPLETION RIG/ACTIVITY \_\_\_\_\_

DRILLING PITS: CLOSED \_\_\_\_\_ OPEN \_\_\_\_\_ WELLHEAD SYSTEM INSTALLED \_\_\_\_\_

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- \_\_\_\_\_

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 \_\_\_\_\_



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