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WELL SITE INSPECTION FORM

WELL NAME Solly Fate 1
OPERATOR Atlantic Resources
LOCATION NW 29-38 56W
FIELD Caribou

API NUMBER 05 - 121 - 08674
PERMIT NUMBER _____
COUNTY Washington
INSPECTOR Binkley



AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) _____ FAIL(N) X DATE 5-21-96 FN _____ FD _____ WO _____
multiple

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 X NO _____ PITS BACKFILLED: YES _____ NO X
MATERIAL BURIED: YES _____ NO X NA _____ SITE CLEAN: YES _____ NO X
BOND RELEASE OK: YES _____ NO X FED _____ HOLE MARKER: YES _____ NO X

DATE OF SAFETY/STATUS INSPECTION _____

COMMENTS 15x15 skimpit, 60x50 wrap pit, anchors, risers, valve debris.



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