

WELL SITE INSPECTION FORM



00395317

WELL NAME Shepard 41-27
OPERATOR Newport Expl
LOCATION NENE 27-35-56W
FIELD _____

API NUMBER 05 - 121 - 10035
PERMIT NUMBER _____
COUNTY Washington
INSPECTOR Binkley

AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) _____DATE 10-5-88

WELL STATUS:

FN _____ FD _____ WO _____

=====

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: 3-21-84

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 grassland