

WELL SITE INSPECTION FORM

WELL NAME Stellar Scott
OPERATOR Cockrell
LOCATION SW NE 17, T4N, 91W
FIELD WC

API NUMBER 05 - 081 - 6710
PERMIT NUMBER 89-1061
COUNTY Moffat
INSPECTOR ETB

AL/PA/DA INSPECTION RESULTS:

PASS(Y) _____ FAIL(N) _____ DATE 2/12/90 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 2/12/90

PIPE SET? YES COMPLETION RIG/ACTIVITY Maumet
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- C

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 Just finished frac job - getting ready to circulate
sand out of hole.

Residential Area

Notice Sent 2/14/90



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