

## WELL SITE INSPECTION FORM



WELL NAME MAUL #6  
OPERATOR MULL  
LOCATION NE SE 24 15S 42W  
FIELD FRONTERA 'B'

API NUMBER 05 - 017 - 06842  
PERMIT NUMBER 88 384  
COUNTY CHEYENNE  
INSPECTOR SHELTON

AL/PA/DA INSPECTION RESULTS:

PASS (Y) Y FAIL (N) \_\_\_\_\_ DATE 8/3/89

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: 8/10/88

DATE PERMIT EXPIRED: \_\_\_\_\_

HOLE PLUGGED: YES X NO \_\_\_\_\_PITS BACKFILLED: YES X NO \_\_\_\_\_MATERIAL BURIED: YES \_\_\_\_\_ NO \_\_\_\_\_ NA XSITE CLEAN: YES X NO \_\_\_\_\_BOND RELEASE OK: YES X NO \_\_\_\_\_ FED \_\_\_\_\_HOLE MARKER: YES \_\_\_\_\_ NO XDATE OF SAFETY/STATUS INSPECTION 8/3/89COMMENTS RESTORATION COMPLETE