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WELL SITE INSPECTION FORM

Well Name STATE LUBERS # API Number 05 -107 - 5218
Operator MURKLE FIFER DALS Permit # _____
Location NWSE18-6N-864 County ROCKY
Field _____ Inspector R. Van Linder
AL/PA/DA Inspection Results: Well Status:
Pass (Y) ☒ Fail (N) _____ Date 8-3-90 FN _____ FD _____ WO _____ PR _____ SI _____

Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____
Consistent with APD casing Program? YES _____ NO _____ Returns _____
Rig _____ BOP'S _____ Contact _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____
Drilling Pits: Closed _____ Open _____ Wellhead Installed: _____ Sign: Yes _____ No _____
Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBLs
Equipment _____ Meter Run: Yes _____ No _____
Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: 8-18-62 Date Permit Expired: _____
Hole Plugged: Yes ☒ No _____ Pits Backfilled: Yes ☒ No _____
Material Buried: Yes ☒ No _____ N/A _____ Site Clean: Yes ☒ No _____
Bond Release OK: Yes ☒ No _____ Fed _____ Hole Marker: Yes _____ No ☒

Date of Safety/Status Inspection _____

Comments: _____



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Violations: Yes _____ No ☒ Notice Sent: Yes _____ No _____ Date Sent: _____