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WELL SITE INSPECTION FORM

WELL NAME GREEN 17B
OPERATOR FRANK WALSH
LOCATION NWNE 19-9N-53W
FIELD MT. HOPE

API NUMBER 05 - 075 - 06447
PERMIT NUMBER _____
COUNTY LOGAN
INSPECTOR R. Van Dicken

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) FAIL(N) DATE 2-9-90 FN FD WO

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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: 7-1-66 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 _____



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