

## WELL SITE INSPECTION FC



WELL NAME Carlson #1 API NUMBER 05 - 001 - 7843  
OPERATOR Colton Co PERMIT NUMBER \_\_\_\_\_  
LOCATION NE NW 22-35-61 COUNTY Adams  
FIELD Intrepid INSPECTOR Bridley

## AL/PA/DA INSPECTION RESULTS:

PASS(Y) \_\_\_\_\_ FAIL(N) ☒ DATE 9-7-89 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: \_\_\_\_\_ 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 Rods wellhead, shed, 2-300, VHT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_