



WELL SITE INSPECTION FORM

WELL NAME MT Hope UNIT #34
OPERATOR _____
LOCATION SENE 25-9N-54W
FIELD MT Hope

API NUMBER 05 - 075 - 66335
PERMIT NUMBER _____
COUNTY LOGAN
INSPECTOR R. Van Sickle

AL/PA/DA INSPECTION RESULTS:

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

WELL STATUS:

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: 2 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 Hole plugged, pits open, cement sp.
& pallets on loc. Casing needs to be cut,
sfc. plug in. Looks like it was plugged at least 2
years ago.