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## WELL SITE INSPECTION FORM

WELL NAME Koenig-Ashby 2  
OPERATOR Gray Oil  
LOCATION SWSE 34-9N-54W  
FIELD \_\_\_\_\_

API NUMBER 05 - 075 - 62250  
PERMIT NUMBER \_\_\_\_\_  
COUNTY Logan  
INSPECTOR SP

## AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) \_\_\_\_\_ DATE 1/16/90

## WELL STATUS:

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: \_\_\_\_\_ 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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