



00230400

WELL SITE INSPECTION FORM

LOCATION NW SW 15-35-59WFIELD CABIN CREEKOPERATOR SOHIOCOUNTY ADAMSWELL NAME UPRR-NOONEN #1

PERMIT # _____

DATE OF INSPECTION DURING DRILLING: _____

RIG _____

SURFACE CASING: _____

DEPTH: _____

BOP'S _____

RETURNS: _____

WOC: _____

CONTACT _____

CMT VOL: _____

ADEQUATE AQUIFER PROTECTION? _____

COMMENTS _____

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: YES _____ NO _____

PRODUCTION STRING: _____

WATER DISPOSAL: PITS _____, INJECTED _____, COMMERCIAL _____, UNKNOWN _____, N.A. _____

PITS: PERMIT Y _____ N _____, SKIM TANK Y _____ N _____, DIMENSIONS _____

LEASE SIGN: YES _____ NO _____ TANK ID: YES _____ NO _____ NA _____ FENCED: YES _____ NO _____

SURFACE EQUIPMENT: _____

COMMENTS: _____

_____DATE OF P&A INSPECTION 9/18/86PITS BACKFILLED: YES ☒ NO ☒SURFACE RECLAIMED: YES ☒ NO _____HOLE MARKER: YES _____ NO ☒SITE CLEAN: YES ☒ NO _____BOND RELEASE OK: YES ☒ NO _____

LANDOWNER RELEASE: YES _____ NO _____

COMMENTS: P&A GAS well - SITS NEXT TO S.I. CHAMPLIN PR-U-U. NICESURFACE RESTORATION

DATE OF SAFETY INSPECTION _____

COMMENTS: _____

INSPECTOR _____

API No. 05-001-05043P&A Inspected: Yes ☒ No _____