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WELL SITE INSPECTION FORM

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WELL NAME Lth land 1-22 API NUMBER 05 - 001 - 8427
OPERATOR Huckabay PERMIT NUMBER _____
LOCATION SWSE 22 35 59 COUNTY Adams
FIELD 6000 INSPECTOR Brillay

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) ☒ FAIL(N) _____ DATE 10-12-98 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: 7-11-88 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 pass land