



00192595

WELL SITE INSPECTION FORM



Loc
04
WJ

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 Bill Day

AL/PA/DA INSPECTION RESULTS: WELL STATUS:
 PASS(Y) FAIL(N) _____ DATE 10-12-88 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: 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 Gasland

