



00401657

WELL SITE INSPECTION FORM

Well Name PERSON 2-29 API Number 05 -

Operator HUCKABA Permit # _____

Location SW SW 29-34-59W County _____

Field LONGTREE/WL Inspector _____

AL/PA/DA Inspection Results: Well Status:

Pass (Y) ✓ Fail (N) ✓ Date 1/9/91 FN _____ FD _____ WO _____ PR _____ SI _____

Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____

Consistent with APD casing Program? YES _____ NO _____ Returns _____

Rig _____ BOP'S _____ Contact _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____

Drilling Pits: Closed _____ Open _____ Wellhead Installed: _____ Sign: Yes _____ No _____

Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBLs

Equipment _____ Meter Run: Yes _____ No _____

Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: _____ Date Permit Expired: _____

Hole Plugged: Yes ✓ No _____ Pits Backfilled: Yes _____ No ✓

Material Buried: Yes _____ No ✓ N/A _____ Site Clean: Yes _____ No ✓

Bond Release OK: Yes _____ No ✓ Fed _____ Hole Marker: Yes _____ No ✓

Date of Safety/Status Inspection _____

Comments: NEWLY REEVALUATED & CAPPED - 10' 4" BGL + CAP welded on -
NOT LEAKING

BRUG PITS (small) are over

Violations: Yes _____ No _____ Notice Sent: Yes _____ No _____ Date Sent: _____