

WELL SITE INSPECTION



00401161

WELL NAME Maddern #1
OPERATOR National Coop
LOCATION NWSE 22-35-58W
FIELD Roman Nose

API NUMBER 05 - 001 - 8325
PERMIT NUMBER _____
COUNTY Adams
INSPECTOR Binkley

AL/PA/DA INSPECTION RESULTS:

PASS(Y) X FAIL(N) _____ DATE 3-2-90

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 X NO _____ PITS BACKFILLED: YES X NO _____
MATERIAL BURIED: YES X NO _____ NA _____ SITE CLEAN: YES X NO _____
BOND RELEASE OK: YES X NO _____ FED _____ HOLE MARKER: YES _____ NO X

DATE OF SAFETY/STATUS INSPECTION _____

COMMENTS fallow field

