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## WELL SITE INSPECTION FORM

WELL NAME Price 13-28API NUMBER 05 - 001 - 8828OPERATOR MJT

PERMIT NUMBER \_\_\_\_\_

LOCATION WNSW 28-35 59COUNTY HarrisFIELD 00000INSPECTOR Burley

## 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: 6-29-87

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 grass land

00401595

Questionable plug

NWSW 28 3S 59W #13-28 Price

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☐ Restricted Delivery.

**3. Article Addressed to:**

M & J Oil Co  
5 Greenway Plaza East, Ste 1500  
Houston, TX 77046

**4. Type of Service:**

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Registered   | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified    | <input type="checkbox"/> COD     |
| <input type="checkbox"/> Express Mail |                                  |

**Article Number**

P 718 577 121

Always obtain signature of addressee or agent and **DATE DELIVERED.**

**5. Signature - Addressee**

X

**6. Signature - Agent**

X

**7. Date of Delivery**

10/26

**8. Addressee's Address (ONLY if requested and fee paid)**

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT