



## WELL SITE INSPECTION FORM

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WELL NAME Fediac API NUMBER 05 - 081 - 6599  
OPERATOR Dyno PERMIT NUMBER 84-1423  
LOCATION SWSW 14 6N, 20W COUNTY Moffat  
FIELD Buck Peak INSPECTOR KTB

## AL/PA/DA INSPECTION RESULTS:

## WELL STATUS:

PASS(Y) 4 FAIL(N) \_\_\_\_\_ DATE 5/23/90 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: 5/11/85 DATE PERMIT EXPIRED: 1-30-85  
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 Not recontoured  
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