



WELL SITE INSPECTION FORM

WELL NAME BERTNA #1 API NUMBER 05 - 061 - 05146
OPERATOR J.M. HUBER CORP PERMIT NUMBER _____
LOCATION SWSW 10 19S 45W COUNTY KIOWA
FIELD BRANDON INSPECTOR SHELTON

AL/PA/DA INSPECTION RESULTS:

PASS ☒ (Y) Y FAIL(N) _____ DATE 8/23/88

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: 7/1/87 DATE PERMIT EXPIRED: _____
HOLE PLUGGED: YES ☒ X NO _____ PITS BACKFILLED: YES ☒ X NO _____
MATERIAL BURIED: YES _____ NO _____ NA ☒ X SITE CLEAN: YES ☒ X NO _____
BOND RELEASE OK: YES ☒ X NO _____ FED _____ HOLE MARKER: YES ☒ X NO _____

DATE OF SAFETY/STATUS INSPECTION 8/23/88

COMMENTS SITE OF P+D IN GOOD SHAPE - SOME LOOSE
DEBRIS ON EDGE OF SITE - TALKED TO PUMPER - HE WILL
REMOVE