



00653197

WELL SITE INSPECTION FORM



WELL NAME REINHARDT MICHEL 1-5 API NUMBER 05 - 061 - 06406
OPERATOR MURFIN DRILLING PERMIT NUMBER _____
LOCATION SENE 5 195 46W COUNTY KIOWA
FIELD WILDCOT INSPECTOR SHELTON

AL/PA/DA INSPECTION RESULTS:

PASS (Y) Y FAIL(N) _____DATE 8/23/88

WELL STATUS:

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: 7/1/84

DATE PERMIT EXPIRED: _____

HOLE PLUGGED: YES X NO _____PITS BACKFILLED: YES X NO _____MATERIAL BURIED: YES _____ NO _____ NA XSITE CLEAN: YES X NO _____BOND RELEASE OK: YES X NO _____FED _____ HOLE MARKER: YES _____ NO XDATE OF SAFETY/STATUS INSPECTION 8/23/88COMMENTS SITE RECLAIMED IN PASTURE