



WELL SITE INSPECTION FORM

WELL NAME State 2-16

OPERATOR Adabo

LOCATION KIE NE 16 6N 90

FIELD *Buck Heat*

AL/PA/DA INSPECTION RESULTS:

PASS(Y) Y FAIL(N) _____ DATE 5/23/98 FN _____ FD _____ WO _____

CASING SIZE _____ DEPTH SET _____ CMT VOL _____ WOC _____

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: 86 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 _____
