



00203943

WELL SITE INSPECTION FORM

WELL NAME Atwood E. Unit 10API NUMBER 05 - 075 - 52690OPERATOR Monahan

PERMIT NUMBER _____

LOCATION SE NW 25 - 7N - 53WCOUNTY LoganFIELD Atwood EastINSPECTOR SP

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) ☒ FAIL(N) _____ DATE 8/9/89 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: _____ 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 _____

