



00653494

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DEC 06 1994

WELL SITE INSPECTION FORM

Well Name STATE 1-20 API Number 05-061-6480
 Operator MURFIN DRLG- Permit # _____
 Location NWSE20-19S-47W County KIOWA
 Field NEE NASH Inspector R. Van Sickle

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) _____ Fail(N) _____ Date _____ ND _____ DG _____ WO _____ PR _____ SI _____ TA _____

Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____
 Consistent with APD casing Program? YES _____ NO _____ Returns _____
 Rig _____ BOP'S _____ Stage Tool Depth _____ Cmt. Vol. _____

Date of Inspection Before/During/After Completion 11-10-94

Prod. Csg. Set? ☒ Completion Rig/Activity _____
 Drilling Pits: Closed ☒ Open _____ Wellhead Installed: ☒ Sign: Yes _____ No _____
 Tank ID: Yes _____ No _____ N/A ☒ Skim Tank/Pit: _____ Prod. Tanks: (☒) BBLs
 Equipment pop & FG H2O TK. Meter Run: Yes ☒ No _____
 Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: _____ Date Permit Expired: _____
 Hole Plugged: Yes _____ No _____ Pits Backfilled: Yes _____ No _____
 Material Buried: Yes _____ No _____ N/A _____ Site Clean: Yes _____ No _____
 Bond Release OK: Yes _____ No _____ Fed _____ Hole Marker: Yes _____ No _____

Date of Safety/Status Inspection _____

Comments: Clean site

Violations: Yes _____ No ☒ Notice Sent: Yes _____ No _____ Date Sent: _____