



DEC 07 1994

WELL SITE INSPECTION FORM

Well Name HARRISON ST. #1 API Number 05-061-5054
Operator J.M. HUBER Permit # _____
Location NENE16-19S-45W County KIOWA
Field _____ Inspector R. VanSickh

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) ☒ Fail(N) _____ Date 11-7-94 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 _____

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 _____ Meter Run: Yes _____ No _____
Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: _____	Date Permit Expired: _____
Hole Plugged: Yes <input checked="" type="checkbox"/> No _____	Pits Backfilled: Yes <input checked="" type="checkbox"/> No _____
Material Buried: Yes <input checked="" type="checkbox"/> No _____ N/A _____	Site Clean: Yes <input checked="" type="checkbox"/> No _____
Bond Release OK: Yes <input checked="" type="checkbox"/> No _____ Fed _____	Hole Marker: Yes _____ No <input checked="" type="checkbox"/>

Date of Safety/Status Inspection _____

Comments: _____

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