



00591673

## WELL SITE INSPECTION FORM

Well Name Ap Cmy 30-2 API Number 05 - 071 - 6164  
 Operator Western Permit # \_\_\_\_\_  
 Location NWNE 30-335 67W County Las Animas  
 Field \_\_\_\_\_ Inspector Binkley

## AL/PA/DA Inspection Results:

## Well Status:

Pass(Y) \_\_\_\_\_ Fail(N) \_\_\_\_\_ Date \_\_\_\_\_ ND \_\_\_\_\_ DG \_\_\_\_\_ WO \_\_\_\_\_ PR \_\_\_\_\_ SI ☒ TA \_\_\_\_\_

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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 12-19-90

Prod. Csg. Set? yes Completion Rig/Activity PR Test  
 Drilling Pits: Closed cancel Open X Wellhead Installed: yes Sign: Yes \_\_\_\_\_ No X  
 Tank ID: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Skim Tank/Pit: \_\_\_\_\_ Prod. Tanks: ( ) \_\_\_\_\_ BBLs  
 Equipment Coiled pump - Frac Tanks 4 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Violations: Yes \_\_\_\_\_ No \_\_\_\_\_ Notice Sent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Sent: \_\_\_\_\_