WELL SITE INSPECTION FORM

00524117

WELL NAME HARDING #1 API NUMBER 05 - 061 - 06545

OPERATOR YATES PERMIT NUMBER 89397

LOCATION NE NE 35 17S 42W COUNTY KIOWA

FIELD WILDCAT INSPECTOR SHELTON

AL/PA/DA INSPECTION RESULTS: WELL STATUS:

PASS(Y) Y FAIL(N)____ DATE 9/20/89 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: 7/5/89 DATE PERMIT EXPIRED:_____

HOLE PLUGGED: YES X NO___ PITS BACKFILLED: YES X NO___

MATERIAL BURIED: YES___ NO___ NA X SITE CLEAN: YES X NO___

BOND RELEASE OK: YES X NO___ FED___ HOLE MARKER: YES___ NO X

DATE OF SAFETY/STATUS INSPECTION 9/20/89

COMMENTS SITE RESTORED