



WELL SITE INSPECTION FORM
(DRILLING AND PLUGGING)

(C)

Well Name Peterson #1 API Number 05 - 087 - 6735
Operator Shaver Permit # _____
Location NESW 34-2N-56W County Morgan
Field Stagerwood Inspector EBB

AL/PA/DA Inspection Results: 6-26-91 Well Status:
Pass(Y) ☒ Fail(N) _____ Date 6-26-91 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 _____

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: 6-12-91 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: _____