



WELL SITE INSPECTION FORM
(DRILLING AND PLUGGING)

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Well Name Peterson R API Number 05 6087 - 6735
Operator Skaver Permit # 660129
Location NESW 34-2N-56 County Morgan
Field _____ Inspector EBB

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) X Fail(N) _____ Date 1-2-92 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: 6 15 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: sage area

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