



00048319

## WELL SITE INSPECTION FORM

Copy

WELL NAME Huey 16 API NUMBER 05 - 087 - 5628  
OPERATOR OKMAR PERMIT NUMBER \_\_\_\_\_  
LOCATION SE NW 29 - 2 A 56 W COUNTY Morgan  
FIELD 7885 INSPECTOR Binkley

AL/PA/DA <sup>WT</sup> INSPECTION RESULTS:

WELL STATUS:

PASS(Y) ☒ FAIL(N) \_\_\_\_\_ DATE 11-22-88 FN \_\_\_\_\_ FD \_\_\_\_\_ WO \_\_\_\_\_

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: 6-29-88 DATE PERMIT EXPIRED: \_\_\_\_\_  
HOLE PLUGGED: YES ☒ NO \_\_\_\_\_ PITS BACKFILLED: YES ☒ NO \_\_\_\_\_  
MATERIAL BURIED: YES ☒ NO \_\_\_\_\_ NA \_\_\_\_\_ SITE CLEAN: YES ☒ NO \_\_\_\_\_  
BOND RELEASE OK: YES ☒ NO \_\_\_\_\_ FED \_\_\_\_\_ HOLE MARKER: YES ☒ NO ☒

DATE OF SAFETY/STATUS INSPECTION \_\_\_\_\_

COMMENTS Native  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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