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WELL SITE INSPECTION FORM

WELL NAME Dyar #2
OPERATOR Reichlinger Business Serv.
LOCATION NWSE 13-2N-54W
FIELD Xenia

API NUMBER 05 - 121 - 10354
PERMIT NUMBER 87-913
COUNTY Washington
INSPECTOR SP

AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) ☐ DATE 1/5/89

WELL STATUS:

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: _____	DATE PERMIT EXPIRED: _____
HOLE PLUGGED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PITS BACKFILLED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
MATERIAL BURIED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA _____	SITE CLEAN: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
BOND RELEASE OK: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FED _____	HOLE MARKER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DATE OF SAFETY/STATUS INSPECTION _____

COMMENTS

No sign of pits in S 1/2 sec 13-2N-54W

