



WELL SITE INSPECTION FORM



WELL NAME TALBERT #2 API NUMBER 05 - 017 - 06618
OPERATOR TXO PROD CO PERMIT NUMBER _____
LOCATION NESK 18 165 4W COUNTY CHEYENNE
FIELD STOCKHOLM INSPECTOR SHELTON

AL/PA/DA INSPECTION RESULTS: WELL STATUS:
PASS (Y) Y FAIL(N) _____ DATE 8/24/88 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: 6/1/86 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 8/24/88

COMMENTS SITE OK - RECLAIMED IN PASTURE

