



WELL SITE INSPECTION FORM

LOCATION SESW 14-16S-42W
OPERATOR TXO PROD.
WELL NAME #1 EVANS 'K'

FIELD W/C
COUNTY CASTLETON
PERMIT #

DATE OF INSPECTION DURING DRILLING: _____

RIG _____ SURFACE CASING: _____ DEPTH: _____
BOP'S _____ RETURNS: _____ WOC: _____
CONTACT _____ CMT VOL: _____
ADEQUATE AQUIFER PROTECTION? _____
COMMENTS _____

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: YES _____ NO _____ PRODUCTION STRING: _____
WATER DISPOSAL: PITS _____, INJECTED _____, COMMERCIAL _____, UNKNOWN _____, N.A. _____
PITS: PERMIT Y _____ N _____, SKIM TANK Y _____ N _____, DIMENSIONS _____
LEASE SIGN: YES _____ NO _____ TANK ID: YES _____ NO _____ NA _____ FENCED: YES _____ NO _____
SURFACE EQUIPMENT: _____
COMMENTS: _____

DATE OF P&A INSPECTION 8/27/86

PITS BACKFILLED: YES ☒ NO _____ SURFACE RECLAIMED: YES ☒ NO _____
HOLE MARKER: YES _____ NO ☒ SITE CLEAN: YES ☒ NO _____
BOND RELEASE OK: YES ☒ NO _____ LANDOWNER RELEASE: YES _____ NO _____
COMMENTS: LEVELLED - IN PLOWED FIELD.

DATE OF SAFETY INSPECTION _____

COMMENTS: _____

INSPECTOR R. VACLAVIK

API No. 05-017-6436

P&A Inspected: Yes ☒ No _____



gjk