

LOCATION SWNE 31, 2N, 53W
OPERATOR R.V. Borchert
WELL NAME Schmidt 1

FIELD WC
COUNTY Washington
FORMATION —

DATE OF INSPECTION DURING DRILLING: **SCANNED**



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

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: _____ PRODUCTION STRING: _____
CBL CHECKED? _____ DEPTH _____ STAGED _____
WATER DISPOSAL METHOD _____
PITS: PERMIT _____ TDS _____ SKIM TANK _____
DIMENSION: _____ SCREEN: _____ LINER: _____
LEASE SIGN: _____ TANK ID: _____ FENCED? _____
SURFACE EQUIPMENT: _____

DATE OF FINAL P&A INSPECTION _____

PLUG 1	<u>15 SX @ base surface</u>	SURFACE RECLAIMED?	<u>Yes</u>	<input checked="" type="checkbox"/>
PLUG 2	<u>10 SX @ 40'</u>	SITE CLEAN?	<u>Yes</u>	<input checked="" type="checkbox"/>
PLUG 3	<u>SX @</u>	LANDOWNER RELEASE?	<u>—</u>	<input type="checkbox"/>

INSPECTOR _____

for bond release