



WELL SITE INSPECTION FORM

File only

WELL NAME Larson 4-12
OPERATOR Diamond
LOCATION NW 5W 4-35-64
FIELD Bear Gulch

API NUMBER 05 - 001 - 8239
PERMIT NUMBER _____
COUNTY Adams
INSPECTOR Binkley

AL/PA/DA INSPECTION RESULTS: WELL STATUS:
PASS(Y) _____ FAIL(N) _____ DATE _____ FN _____ FD _____ WO _____

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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: _____ ^{VP} 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 4-18-90

COMMENTS Workover operation. Pulling casing to
cement well. PA.

