



WELL SITE INSPECTION FORM



Well Name Larson 4-12 API Number 05 - 001 - 8239
 Operator Diamond back Permit # 822078
 Location NW SW 4-35-64W County Adams
 Field _____ Inspector Binkley

AL/PA/DA Inspection Results: Well Status:
 Pass (Y) _____ Fail (N) X Date 7-23-90 FN _____ FD _____ WO _____ PR _____ SI _____

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 Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____
 Consistent with APD casing Program? YES _____ NO _____ Returns _____
 Rig _____ BOP'S _____ Contact _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____
 Drilling Pits: Closed _____ Open _____ Wellhead Installed: _____ Sign: Yes _____ No _____
 Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBLs
 Equipment _____ Meter Run: Yes _____ No _____
 Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: 4-19-90 Date Permit Expired: _____
 Hole Plugged: Yes ✓ No _____ Pits Backfilled: Yes _____ No ✓
 Material Buried: Yes _____ No ✓ N/A _____ Site Clean: Yes _____ No ✓
 Bond Release OK: Yes _____ No ✓ Fed _____ Hole Marker: Yes _____ No _____

Date of Safety/Status Inspection _____

Comments: 2-400, HT, vault, pit

Violations: Yes ✓ No ✓ Notice Sent: Yes _____ No _____ Date Sent: _____