

Location

Overall Good:

Signs/Marker:

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 441658 Type: WELL API Number: 045-22864 Status: WO Insp. Status: WK

Well Stimulation

Stimulation Company: TOPS Stimulation Type: HYDRAULIC FRAC

Other: _____

Observation:

Maximum Casing Recorded: 8295 PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: 5

Frac Flow Back: Fluid: _____ Gas: _____

Comment: Stage 3

Corrective Action: _____

Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass					
		Ditches	Pass			
Gravel	Pass					
Compaction	Pass					
		Culverts	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	414554	1631029	
	414554	1631029	