

Location

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Corrective action completed.		
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	<input style="width: 100%;" type="text"/>
Corrective Action:	<input style="width: 100%;" type="text"/>
Date:	_____

Good Housekeeping:			
Type	WEEDS		
Comment:	Corrective action completed.		
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: 257024 Type: WELL API Number: 067-08293 Status: PR Insp. Status: PR