

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: 441651 Type: WELL API Number: 045-22858 Status: WO Insp. Status: WK

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC

Other: _____

Observation:

Maximum Casing Recorded: 6616 PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: 7

Frac Flow Back: Fluid: _____ Gas: _____

Comment: _____

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
				Material Handling And Spill Prevention	Pass	
Compaction	Pass					
		Ditches	Pass			
Gravel	Pass					
		Ditches	Pass			
Berms	Pass					

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

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