



WELL SITE INSPECTION FORM

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Well Name MONROE-REEKE #10API Number 05 - 075 - 6045

C

Operator GULF

Permit # _____

Location NWSW1-PN-5BWCounty LOGANField NW GRAYLINInspector R. Van Sickle

AL/PA/DA Inspection Results:

Well Status:

Pass (Y) ☒ Fail (N) _____ Date 9-21-90 FN _____ FD _____ WO _____ PR _____ SI _____

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: 1-26-54

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: _____

_____Violations: Yes _____ No ☒ Notice Sent: Yes _____ No _____

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