



WELL SITE INSPECTION FORM



WELL NAME Holt B-5R
OPERATOR Powell Prop.
LOCATION SWNE 1-35543W
FIELD _____

API NUMBER 05 - 009 - 6181
PERMIT NUMBER _____
COUNTY Baca
INSPECTOR Birdley

AL/PA/DA INSPECTION RESULTS:

PASS(Y) FAIL(N) _____ DATE 9-13-88 WELL STATUS: FN _____ FD _____ WO _____

=====

DATE OF INSPECTION BEFORE/DURING DRILLING _____

CASING SIZE _____ DEPTH SET _____ CMT VOL _____ WOC _____
CONSISTENT WITH APD CASING PROGRAM? _____ RETURNS _____
RIG _____ BOP'S _____ CONTACT _____

DATE OF INSPECTION BEFORE/DURING/AFTER COMPLETION _____

PIPE SET? _____ COMPLETION RIG/ACTIVITY _____

DRILLING PITS: CLOSED _____ OPEN _____ WELLHEAD SYSTEM INSTALLED _____

TANK ID: YES _____ NO _____ NA _____ WELL SIGN: YES _____ NO _____

SKIM PIT: _____ gal TANKS: () _____ bbls

EQUIPMENT _____

BRADENHEAD PRESSURE _____ FLUID: NO _____ YES _____ TYPE _____

METER RUN: YES _____ NO _____ WELL STATUS: PR _____ TA _____ SI _____ WELL CAT 3- _____

AL/PA/DA INSPECTION

DATE PLUGGED: 7-15-87 DATE PERMIT EXPIRED: _____

HOLE PLUGGED: YES NO _____ PITS BACKFILLED: YES NO _____

MATERIAL BURIED: YES NO _____ NA _____ SITE CLEAN: YES NO _____

BOND RELEASE OK: YES NO _____ FED _____ HOLE MARKER: YES _____ NO

DATE OF SAFETY/STATUS INSPECTION _____

COMMENTS Native

API NUMBER 02 - 009 - 6781

PERMIT NUMBER

COUNTY

INSPECTOR

WELL NAME

OPERATOR

LOCATION

FIELD

WELL STATUS:

AL/PADA INSPECTION RESULTS:

NO

FD

PH

DATE

TIME

DATE

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

Powell & Stone
217 Town & Country Village
Palo Alto, CA 94301

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P 718 577 056

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X *Margaret Lovell*

6. Signature - Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

