



WELL SITE INSPECTION FORM



WELL NAME Holt B-5R API NUMBER 05 - 009 - 6181
OPERATOR Powell Prop. PERMIT NUMBER _____
LOCATION SWNE 1-35543W COUNTY Baca
FIELD _____ INSPECTOR Birdley

AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) _____ DATE 9-13-88 FN _____ FD _____ WO _____

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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

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. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Powell & Stone 217 Town & Country Village Palo Alto, CA 94301	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 718 577 056
Always obtain signature of addressee <u>or</u> agent and DATE DELIVERED.	
5. Signature - Addressee X <i>Margaret Lovell</i>	
6. Signature - Agent X	
7. Date of Delivery	
8. Addressee's Address (<u>ONLY if requested and fee paid</u>)	

DOMESTIC RETURN RECEIPT

