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WELL SITE INSPECTION FORM

WELL NAME Castor #1

API NUMBER

05

123 05308OPERATOR Walsh

PERMIT NUMBER

LOCATION SWSE 25-7N-59W

COUNTY

Weld

FIELD

INSPECTOR

SP

AL/PA/DA INSPECTION RESULTS:

WELL STATUS:

PASS(Y) ☒ FAIL(N) ☐ DATE 1/20/89FN ☐ 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: (☐) ☐ bblsEQUIPMENT ☐BRADENHEAD PRESSURE ☐ FLUID: NO ☐ YES ☐ TYPE ☐METER RUN: YES ☐ NO ☐ WELL STATUS: PR ☐ TA ☐ SI ☐ WELL CAT 3- ☐

AL/PA/DA INSPECTION

DATE PLUGGED: ☐ 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



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