

WELL SITE INSPECTION FORM



WELL NAME Houston 2-29
OPERATOR ROMAC
LOCATION NWNE 29-9N-52W
FIELD CAYUSE

API NUMBER 05 - 075 - 08878
PERMIT NUMBER _____
COUNTY LOGAN
INSPECTOR R. VanSickle

AL/PA/DA INSPECTION RESULTS:

PASS(Y) _____ FAIL(N) _____ DATE 1-17-90 WELL STATUS: 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: _____ 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 1-17-90

COMMENTS Requested status 1-24-90 310 PSI SITP.

