

WELL SITE INSPECTION FORM



00264602

C

WELL NAME Walters #1
OPERATOR Shiloh Resources
LOCATION SUSSE 11-9N-54W
FIELD WC

API NUMBER 05 - 075 - 9004
PERMIT NUMBER 84 - 0794
COUNTY Logan
INSPECTOR SP

AL/PA/DA DA INSPECTION RESULTS:PASS(Y) ☒ FAIL(N) ☐DATE 1/25/89

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 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 _____

