



00251249

WELL SITE INSPECTION FORM

WELL NAME Fee 791-3505
OPERATOR Cockrell
LOCATION SWNW35 T4N91W
FIELD WC

API NUMBER 05 - 081 - 6721
PERMIT NUMBER 90 - 425
COUNTY Moffat
INSPECTOR KJB

AL/PA/DA INSPECTION RESULTS:

PASS(Y) _____ FAIL(N) _____ DATE 5/23/90 FN _____ FD ☒ WO _____

WELL STATUS:

DATE OF INSPECTION BEFORE/DURING DRILLING 5/23/90

CASING SIZE 8 5/8 DEPTH SET 319 CMT VOL 275 sk WOC 20th hrs
CONSISTENT WITH APD CASING PROGRAM? yes RETURNS good
RIG Sanders 14 BOP'S yes 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 _____

COMMENTS Tripping out of hole. 2610' (~~2610'~~) Survey 2°