

# WELL SITE INSPECTION FORM



WELL NAME \*791-2613\* API NUMBER 05-081-6724  
 OPERATOR Cooknell PERMIT NUMBER \_\_\_\_\_  
 LOCATION SWSW 26-7N-91W COUNTY Moffat  
 FIELD WC INSPECTOR SP

AL/PA/DA INSPECTION RESULTS: WELL STATUS:  
 PASS(Y) \_\_\_\_\_ FAIL(N) \_\_\_\_\_ DATE 6/25/90 FN \_\_\_\_\_ FD ☒ WO \_\_\_\_\_

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DATE OF INSPECTION BEFORE/DURING DRILLING 6/25/90  
 (Rig Floor 15')

CASING SIZE 8 5/8 DEPTH SET 335 KB CMT VOL 300 x 50/50 WOC 8+  
 CONSISTENT WITH APD CASING PROGRAM? ☒ RETURNS \_\_\_\_\_  
 RIG Sanders 14 BOP'S ☒ 1000' 15 min. CONTACT Survey @ 643' 3/4"  
Dig @ 703

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 \_\_\_\_\_

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