



WELL SITE INSPECTION FORM

C

WELL NAME MAUL #5 API NUMBER 05 - 017 - 06804
OPERATOR MULL PERMIT NUMBER 88 216
LOCATION SW NE 24 155 42W COUNTY CHEYENNE
FIELD FRONTERA 'B' INSPECTOR SHELTON

AL/PA/DA INSPECTION RESULTS:

PASS (Y) Y FAIL(N) _____ DATE 8/3/89

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 INSPECTION

DATE PLUGGED: 4/26/88 DATE PERMIT EXPIRED: _____
HOLE PLUGGED: YES X NO _____ PITS BACKFILLED: YES X NO _____
MATERIAL BURIED: YES _____ NO _____ NA X SITE CLEAN: YES X NO _____
BOND RELEASE OK: YES X NO _____ FED _____ HOLE MARKER: YES _____ NO X

DATE OF SAFETY/STATUS INSPECTION 8/3/89COMMENTS RESTORATION COMPLETE