

WELL CATEGORY : 3 -

WELL SITE INSPECTION FORM

LOCATION SWNW 19-9N-55W
OPERATOR Argentia/Genz
WELL NAME Miller #1

FIELD WC
COUNTY Weld
PERMIT # 87-184

DATE OF INSPECTION DURING DRILLING: _____

RIG _____ SURFACE CASING: _____ DEPTH: _____
BOP'S _____ RETURNS: _____ WOC: _____
CONTACT _____ CMT VOL: _____
ADEQUATE AQUIFER PROTECTION? _____
COMMENTS _____

DATE OF INSPECTION AFTER COMPLETION: _____

FRACED: YES ___ NO ___ PRODUCTION STRING: _____
WATER DISPOSAL: PITS ___, INJECTED ___, COMMERCIAL ___, UNKNOWN ___, N.A. ___
PITS: PERMIT Y ___ N ___, SKIM TANK Y ___ N ___, DIMENSIONS _____ GALLONS
LEASE SIGN: YES ___ NO ___ TANK ID: YES ___ NO ___ NA ___ FENCED: YES ___ NO ___
SURFACE EQUIPMENT: _____
COMMENTS: _____

DATE OF P&A INSPECTION 9/3/87

PITS BACKFILLED: YES ☒ NO ___ SURFACE RECLAIMED: YES ☒ NO ___
HOLE MARKER: YES ___ NO ☒ SITE CLEAN: YES ☒ NO ___
BOND RELEASE OK: YES ☒ NO ___ LANDOWNER RELEASE: YES ___ NO ___
COMMENTS: Final P&A inspection OK

DATE OF SAFETY INSPECTION _____

COMMENTS: _____

INSPECTOR SPAPI No. 05-075-9164P&A Inspected: Yes ___ No ___ ☒