

well file 3D

DATE 9/23/86 OPERATOR ASAMORA (?) FIELD McClum
COUNTY JACKSON LEASE # 1 WEBSTER LOCATION 1/2 NW NW 18-9N-78W

LEASE SIGN: YES NO TANK ID: YES NO N/A



TYPE OF OBSERVED WATER DISPOSAL:

EVAP. PITS TANKS/TRUCKED INJECTED* NOT DETERMINED NA

SKIM TANK: SIZE BBLs, METAL FIBERGLASS PLASTIC CEMENT
COVERED YES NO, OVERFLOW YES NO

PITS:

ESTIMATED WATER PRODUCTION _____ GPM * (34.3) = _____ BPD

SKIM PIT 1: N/A, SIZE _____, SCREEN COVER YES NO
SCREEN COLLAPSED YES NO, FLAGS YES NO, OIL COV'D _____ %
SKIM PIT 2: N/A, SIZE _____, SCREEN COVER YES NO
SCREEN COLLAPSED YES NO, FLAGS YES NO, OIL COV'D _____ %

EVAP. PIT 1: SIZE _____, SCREEN COVER YES NO
LINER TYPE: PLASTIC COMMERCIAL BENTONITE NATIVE CLAY NONE
OIL COVERED _____ %, COLOR _____, BREACHED YES NO

EVAP. PIT 2: SIZE _____, SCREEN COVER YES NO
LINER TYPE: PLASTIC COMMERCIAL BENTONITE NATIVE CLAY NONE
OIL COVERED _____ %, COLOR _____, BREACHED YES NO

EVAP. PIT 3: SIZE _____, SCREEN COVER YES NO
LINER TYPE: PLASTIC COMMERCIAL BENTONITE NATIVE CLAY NONE
OIL COVERED _____ %, COLOR _____, BREACHED YES NO

COMMENTS Well SE GAS well - CHECK FILE - LEAKING AT STEMS & BOTH CASING WING VALVES - ALL ICED UP - TEMP OUTSIDE 40+°F.

PIT PERMIT YES NO, LINER REQUIRED YES NO, TDS _____ ppm
REPORTED WATER PRODUCTION 0 BBLs/DAY

*INJECTION FACILITY: NAME _____ LOCATION _____

NOTICE SENT YES NO DATE SENT _____ INSPECTOR R. VACLAVIK