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WELL SITE INSPECTION FORM

WELL NAME CAREY M #1
OPERATOR V & U
LOCATION NESW 21-9N 53W
FIELD WALKER

API NUMBER 05 - 075 - 66409
PERMIT NUMBER
COUNTY LOGAN
INSPECTOR R. Vansickle



AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) ☐ DATE 1-17-90

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: 9-1-54 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 1-17-90COMMENTS No sign of the well

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