

Location			
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	adequate		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Good Housekeeping:			
Type	UNUSED EQUIPMENT		
Comment:	unused meter box and transformer		
Corrective Action:	Comply with Rule 603.f,new rule # is 606		Date: 10/17/2019
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	PUMP JACK		
Comment:	steel pipe and angle iron		
Corrective Action:			Date:
Type	OTHER		
Comment:	ancillary equipment has steel pipe and round stock		
Corrective Action:			Date:
Equipment:			
			corrective date
Type: Prime Mover	# 1		
Comment:	electric motor		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Electric panel, Meter box and transformers		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	appear to be plumbed to surface		
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 245730 Type: WELL API Number: 123-13525 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 01/25/2022 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 20 Fluid Type: _____

End Surf Csg Pressure: 0

Comment:

Corrective Action:

Date:

