

WELL

00334290

FORM

LOCATION NESE 36-35-60WFIELD LONG TREEOPERATOR AMOCOCOUNTY ADAMSWELL NAME MOC STATE #1

DATE OF INSPECTION BEFORE/DURING DRILLING: _____

RIG _____ SURFACE CASING SIZE: _____ DEPTH SET: _____

BOP'S _____ RETURNS: _____ WOC: _____

CONSISTENT WITH APD CASING PROGRAM? _____ CMT VOL: _____

COMMENTS _____

DATE OF INSPECTION BEFORE/DURING/AFTER COMPLETION: _____

PIPE SET? _____ HOLE OPEN? _____ COMPLETION RIG/ACTIVITY _____

COMMENTS: _____

WELLHEAD SYSTEM INSTALLED? _____

TANKS: _____

HEATERS: _____

SKIM PITS: _____

EARTHEN PITS: _____

LEASE SIGN: YES _____ NO _____ TANK ID: YES _____ NO _____ NA _____ FENCED: YES _____ NO _____

COMMENTS: _____

DATE OF A.L./P&A INSPECTION 4/23/87PITS 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: 6" GRASS IN TILLED FIELDINSPECTOR SSKPERMIT # ?API No. 05-001-06806 P&A Inspection Results: PASS(Y) ☒ FAIL(N) _____