



00230477

WELL SITE INSPECTION FORM
(DRILLING AND PLUGGING)

Well Name 2 - Graycomb API Number 05 - 001 - 8761
Operator Three State Permit # _____
Location SUNE 2-35-61 County Adams
Field Big Bend Inspector EBB

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) ☒ Fail(N) _____ Date 6/30/93 ND _____ DG _____ WO _____ PR _____ SI _____ TA _____

Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____

Consistent with APD casing Program? YES _____ NO _____ Returns _____

Rig _____ BOP'S _____ Stage Tool Depth _____ Cmt. Vol. _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____

Drilling Pits: Closed _____ Open _____ Wellhead Installed: _____ Sign: Yes _____ No _____

Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBL'S

Equipment _____ Meter Run: Yes _____ No _____

Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: _____

Date Permit Expired: _____

Hole Plugged: Yes ☒ No _____Pits Backfilled: Yes ☒ No _____Material Buried: Yes ☒ No _____ N/A _____Site Clean: Yes ☒ No _____Bond Release OK: Yes ☒ No _____ Fed _____Hole Marker: Yes _____ No ☒

Date of Safety/Status Inspection _____

Comments: _____

Violations: Yes _____ No _____ Notice Sent: Yes _____ No _____ Date Sent: _____