



WELL SITE INSPECTION FORM

WELL NAME Amoco 43-27
OPERATOR E.D. Huckabay
LOCATION NESE 27-35-59W
FIELD Noonan Ranch 60000

API NUMBER 05 - 001 - 8727
PERMIT NUMBER _____
COUNTY Adams
INSPECTOR Binkley

AL/PA/DA INSPECTION RESULTS:

PASS(Y) X FAIL(N) _____ DATE 1-20-89 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: 7-19-88 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 _____

COMMENTS Plowed

