



99999999

WELL SITE INSPECTION FORM



WELL NAME Atwood E. Unit 6
OPERATOR Excelsior Oil
LOCATION NWNW 25-7N-53W
FIELD Atwood East

API NUMBER 05 - 075 - 52800
PERMIT NUMBER _____
COUNTY Logan
INSPECTOR JP

AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) _____ DATE 8/9/89 FN _____ FD _____ WO _____

WELL STATUS:

=====

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: _____ 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 _____



00202765