



WELL SITE INSPECTION FORM



Well Name MT Hope 21 API Number 05 - 075 - 6379
Operator MONAHAN Permit # _____
Location SESW 19-9N-53W County LOGAN
Field MT Hope Inspector R. VanSickle
AL/PA/DA Inspection Results: Well Status: _____
Pass(Y) ☒ Fail(N) _____ Date 4-18-90 FN _____ FD _____ WO _____ PR _____ SI _____

=====

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 _____ Contact _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____
Drilling Pits: Closed _____ Open _____ Wellhead Installed _____ Y _____ N _____
Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBLs
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: _____