



00259151

WELL SITE INSPECTION FORM

WELL NAME MT. HOPE UNIT #21 API NUMBER 05 - 075 - 06379
OPERATOR MONAHAN PERMIT NUMBER _____
LOCATION SESES W 19 - 9 N - 53 W COUNTY LOGAN
FIELD MT. HOPE INSPECTOR R. Van Lickle

AL/PA/DA INSPECTION RESULTS:

PASS(Y) _____ FAIL(N) ☒ DATE 2-9-90 WELL STATUS: FN _____ FD _____ WO _____

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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 Cog cut & pulled, WH cut off below GL.
Needs to have loc. cleaned up & pits filled. Work
in progress at this time.