



WELL SITE INSPECTION FORM

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WELL NAME Miller 17-1
OPERATOR Impact Energy
LOCATION SESE 17-9N-56W
FIELD WC

API NUMBER 05 - 123 - 11945
PERMIT NUMBER 84-1122
COUNTY Weld
INSPECTOR SP

AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) ☐DATE 8/17/88

WELL STATUS:

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: _____ 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 _____



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