



WELL SITE INSPECTION FORM

WELL NAME Monaghan 1
OPERATOR Burke
LOCATION NW 1/4 8-3565W
FIELD Second Creek

API NUMBER 05 - 001 - 5085
PERMIT NUMBER _____
COUNTY Adams
INSPECTOR Burley

AL/PA/DA INSPECTION RESULTS:

PASS(Y) _____ FAIL(N) ☒ DATE 11-23-88 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: 9-17-74 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 2-300
VHT
Vault
pit