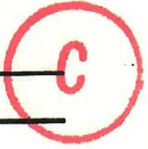




WELL SITE INSPECTION FORM

WELL NAME Mongahan 1
OPERATOR Burke
LOCATION NWNW 8-35-65W
FIELD Second Creek

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



AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) _____ DATE 10-12-89 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: 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 Plowed

Old Separator on W. Section line appears to be gone.