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WELL SITE INSPECTION

OPERATOR Bander

PERMIT NO _____

WELL NAME Madden #1

DATE _____

RIG _____

COUNTY LoganLEGAL SE 8 19 T 21 N R 52 W

SURFACE CSG SIZE _____ DEPTH _____

DATE _____

CEMENT VOLUME _____ RETURNS _____ WOC _____

PROBABLE FOX HILLS DEPTH & THICKNESS _____

MUD PITS _____

DISPOSAL _____

PROD STRING SIZE _____ DEPTH _____ CMT VOL _____ DATE _____

STAGED _____ CBL CHECKED _____

SQUEEZE _____ FRAC JOB _____

BATTERY _____ SIGN _____

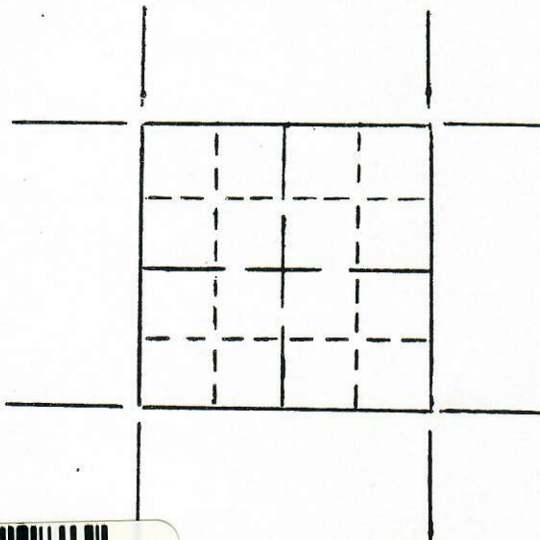
PRESSURE CHECK _____ DATE _____

SITE INSPECTION AFTER DRILLING _____

9/29/86 Final P+ A insp. ok

DIRECTIONS _____

ACTION _____

ENGINEER SP

05 - 075 - 07292



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