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DEC 05 1994

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WELL SITE INSPECTION FORM

Well Name HIGH PLAINS DRIFTER #2 API Number 05 - 061 - 6484
Operator CAVANAUGH & CAVANAUGH Permit # _____
Location NWNW11-19S-45W County Kiowa
Field _____ Inspector R. Van Lichle

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) _____ Fail(N) _____ Date _____ ND _____ DG _____ WO _____ PR _____ SI _____ TA ☒

Date of Inspection Before/During Drilling _____

Surf. Csg. Size _____ Setting Depth _____ Cmt. Vol. _____ WOC time _____
Consistent with APD casing Program? YES _____ NO _____ Returns _____
Rig _____ BOP'S _____ Stage Tool Depth _____ Cmt. Vol. _____

Date of Inspection Before/During/After Completion _____

Prod. Csg. Set? _____ Completion Rig/Activity _____
Drilling Pits: Closed _____ Open _____ Wellhead Installed: _____ Sign: Yes _____ No _____
Tank ID: Yes _____ No _____ N/A _____ Skim Tank/Pit: _____ Prod. Tanks: () _____ BBLs
Equipment _____ Meter Run: Yes _____ No _____
Bradenhead Press: _____ Fluid: No _____ Yes _____ Type _____ Well Cat. _____

AL/PA/DA Inspection

Date Plugged: _____ Date Permit Expired: _____
Hole Plugged: Yes _____ No _____ Pits Backfilled: Yes _____ No _____
Material Buried: Yes _____ No _____ N/A _____ Site Clean: Yes _____ No _____
Bond Release OK: Yes _____ No _____ Fed _____ Hole Marker: Yes _____ No _____

Date of Safety/Status Inspection 11-7-94

Comments: Pump unit, rods & thg on well. Btry w/ 2-300's &
vent treater in place, North tank full of oil.

Violations: Yes _____ No _____ Notice Sent: Yes _____ No _____ Date Sent: _____