



WELL SITE INSPECTION FORM  
(DRILLING AND PLUGGING)

C

Well Name Champion 113 Amoco C-1 API Number 05 - 001 - 8318  
Operator McBulliss Res. Permit # \_\_\_\_\_  
Location SWSE 19-35-59 County Adams  
Field \_\_\_\_\_ Inspector EBB

AL/PA/DA Inspection Results:

Well Status:

Pass(Y) \_\_\_\_\_ Fail(N) X Date 9-20-93 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: 12-15-92 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 \_\_\_\_\_

Comments: lack, pad, pits, top plug needed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Violations: Yes \_\_\_\_\_ No \_\_\_\_\_ Notice Sent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Sent: \_\_\_\_\_