

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**INSPECTION RECORD-PRODUCTION**

<b>Case/Unit PA/CA Contract No.</b>			<b>Unit Name</b>				<b>Operator</b>					
<b>PR Year</b>			<b>Inspection Type</b>				<b>Open Date</b>			<b>Close Date</b>		
Insp No.	Inspector	ACT. Code	Open Date	Close Date	Wells Inspected	Facility ID Inspected	Office Time	Travel Time	Inspect Time	Trips	Referrals	Oil/Gas Gain/Loss Recovered
<b>Purchaser Oil</b> _____ <b>Purchaser Gas</b> _____						<b>Oil Gas (check as appropriate)</b> _____						

**GENERAL**

	Inspected	Violation	N/A
1. Identification Satisfactory (per 43 CFR 3162.6) A. Tanks B. Facilities C. Wells 2. Well Equipment Satisfactory 3. Environmental Protection Satisfactory (per 43 CFR 3162.3-1, 3162.5-1, 3162.7-5, ●● No. 7 and NTL3-A A. Water Disposal 1. Pit 2. Subsurface B. Surface Use C. Undesirable Event			
<b>Liquid Hydrocarbons Production (per Order No. 4)</b>			
4. Liquid Handling Equipment Satisfactory A. Bypass Around Measurement Point 5. Measurement Satisfactory (attach Run Ticket, Proving Report, 3160-16, 3160-17 and Volume Calculations) A. Tank Gauging: Bottom Gauge Temp 1. Performed (attach volume calculations) 2. Witnessed B. LACT Proving Witnessed: Previous Factor New Factor (attach proving report)			

**Natural Gas Production (per order No. 5)**

6. Gas Handling Equipment Satisfactory A. Bypass Around Measurement Point 7. Type of Production: (check one) ___ Gas Well ___ Casing Head 8. Measurement Satisfactory (attach appropriate forms 3160-15 or independent calculations) A. Orifice Pipe ID Beta Ratio			
--	--	--	--

**Site Security (per 43 CFR 3162.7-5, Order No. 3)**

	Inspected	Violation	N/A
9. No Bypass			
10. Facility Diagram (Onsite Verification) A. Diagram Accurate B. Facilities Adequately Sealed: ___ Sales Phase ___ Production Phase			
11. LACT A. Components Complete B. Sealed to Minimum Standards			

12. Seal Records  
 A. Maintained by Operator  
 B. Current

Facility LACT

**Safety (per 43 CFR 3162.5-3 Order No. 6)**

13. H2S  
 A. Hazard  
 1. PPM Ambient STV Gas Stream  
 B. Operating Requirements Met  
 C. Public Protection Plan Required Available
14. General Safety- Are all operations performed in a safe and workmen like manner?.

**Records Review**

**Review Dates**

15. Production Measurement Records (per Order No. 4&5) From / / To / /
- A. Internal Records(attach any independent calculations)
1. MMS GOR Forms
  2. LACT Meter Proving Report
  3. Gas Meter Calibration Report
- B. External Records(attach any independent calculations)
1. Run Tickets/LACT print outs
  2. Pipeline Run Statements
  3. Pumpers Log
  4. Seal Records
  5. Purchasers Gas volume Sales Report
  6. Chart Integration Reports
  7. Methods Used to Estimate Volumes of Gas Flared/Vented
  8. Method Used to Estimate Volumes of Gas or Oil Lost/ on Lease

**Other**

16. Royalty Rate Determination (per 43 CFR 3162.7-4) Effective Royalty Rate
17. Transporter Manifest Review (per 43 CFR 3162.7-1)

Remarks: