Form 3160-11 (April 1993)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## **INSPECTION RECORD - PRODUCTION**

Resource Area:						Township:		Range:		Secti	on:	
Class:						Meridian:		1/4 1/4:		Latiti	ude:	
Inspection Item II	D:					County:		State:		Long	itude	
Lease Name:						Indian Agency:		Lease Status:		Haza	rd:	
Operator:			alaumano menerala			Mineral Ownershi	ip Percent:	Status Date:		Roya	lty:	
Contract:				Remarks:		-						
PR Year:		Inspection	n Type:		Inspector:				Open Date:		Close Da	ite:
ACTIVITY CODE	OP DA			LOSE PATE	NUMBER WELLS INSPECTED	NUMBER FACILITIES INSPECTED	OFFICE TIME	TRAVEL TIME	INSPECTED TIME	)	TRIPS	SOURCE
	REFER	RALS	0	OIL VER ORTED	OIL UNDER REPORTED	OIL ACCOUNTED FOR		GAS OVER REPORTED	GAS UNDER REPORTED		GAS CCOUNTED FOR	
PURCHASER C	ONTRA	CTOR	,				-	<u> </u>				
ACTIVITY CODE	OPI DA	EN .		LOSE ATE	NUMBER WELLS INSPECTED	NUMBER FACILITIES INSPECTED	OFFICE TIME	TRAVEL TIME	INSPECTED TIME	)	TRIPS	SOURCE
	REFER	RALS	О	OIL VER ●RTED	OIL UNDER REPORTED	OIL ACCOUNTED FOR		GAS OVER REPORTED	GAS UNDER REPORTED		GAS CCOUNTED FOR	•
PURCHASER C	ONTRA	CTOR										
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	REFER	RALS	0	OIL VER ORTED	OIL UNDER REPORTED	OIL ACCOUNTED FOR		GAS OVER REPORTED	GAS UNDER REPORTED	A	GAS CCOUNTED FOR	
PURCHASER C	ONTRA	CTOR						-				
			100 S0 50 00 00 00 00 00 00 00 00 00 00 00 00		GENI	ERAL					INSPECTED	VIOLATION
Identification     A. Tanks	Satisfacto	ry (per	43 CFR	3162.6)								
B. Facilities								***************************************				<del> </del>
C. Wells												
2. Well Equipme												
Environmenta     A. Water Disp		on Satisfa	ctory	(per 43 CFI	( 3162.3-1, 3162.5	-1, 3162.7-1, and NT	L's 2-B and 3-A)					
1. Pits	0341											
2. Subsurfac	ce											
B. Surface Use			·									
C. Undesirable	2		***************************************									

	(per Order No	o. 4)	INSPECTED	VIOLATION
Liquid Handling Equipment Satisfactory				
A. Bypass Around Measurement Point				agang garan kerantan dan gang arap anggan palah dan kelanda pina
5. Measurement Satisfactory (attach Run Ticket, Proving Report, 3160-16, or 3160-17)	·			***************************************
A. Tank Gauging: Truck Pipeline Top Gauge Temp Gravity S&W Bottom Ga	auge Temp			
1. Performed (attach volume calculations)				
2. Witnessed				
B. LACT Proving Witnessed: Previous Factor New Factor (attach pro	ving report)			
NATURAL GAS PRODUCTION (per C	Order No. 5)			
6. Gas Handling Equipment Satisfactory	31461 110. 0)			
A. Bypass Around Measurement Point				
7. Type of Production: Gas Well Casing Head				
8. Measurement Satisfactory (attach appropriate forms)			·	
A. Volume Calculation Performed (attach calculations)		and the state of t		
B. Meter Calibration Witnessed Orifice Pipe ID Beta Ratio				
9. Meter Type Meter Station No. Enclosure Type				
SITE SECURITY (per 43 CFR 3162.7-5,	Order No. 3)			
	, Order 140. 3)			
10. Facility Diagram (Onsite Verification)				······································
A. Diagram Accurate  B. Facilities Adequately Scaled: Sales Phase Production Phase				
II. LACT				
A. Components Complete				
B. Sealed to Minimum Standards				
12. Seal Record				
A. Maintained by Operator		·		
B. Current				
C. Seal Record				
SAFETY (per 43 CFR 3162.5-3, Ord	der No. 6)			
13. H2S		i		
A. Hazard	**************************************	***************************************		
1.PPM Ambient STV	***************************************			-
B. Operating Requirements Met				
C. Public Protection Plan Required Available				
C. Cabille Concentration (Concentration Available		,		
	REVIEW PER	RIOD DATES		
RECORDS REVIEW	-	RIOD DATES		
RECORDS REVIEW  14. Production/Measurement Records (per Order No. 4 & 5)	REVIEW PER	RIOD DATES		
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	INS	PECTION	N HISTO	ORY F	OR FISC	CAL YEA	4R		
INSPECTOR	OPEN	CLOSED	INSP	INSP	WELL	FAC	INSP	TRAV	OFFICE
	DATE	DATE	TYPE	ACTY	INSP	INSP	TIME	TIME	TIME

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	WELL C	OMPI	LETIC	N AND	FACII	JTY	RECORD(	S)			
API No:	1/4 1/4:	(	Oil:	Status:	Footages:				CMZ:	NOC:	
Well No:	Section:		Gas: Tract No:		P Zone:			FP:			
Well Name:	Township:	T I	H2O:	P Method:	SME:	Transport of the second of the		County:		State;	
Lse CA No:	Range:		CO2:	D Method:	Lease Typ	e:	Well		/pe:		
sspection Date:			Pate:			Completion Date:	_L				
Plugging Date:	Site Re	storation Da	te:			Status Change Da	te:				
Production Data as of Month:	duction Data as of Month:  No. Days Produced:					Gas:	Water:			· · · · · · · · · · · · · · · · · · ·	
Remarks:									ager allege street, commented and the second account of the second account of the second account of the second		
API No:	1/4 1/4:	(	Dil:	Status:	Footages:	odenova, en en anno anno anque		e programme de la composition de la co	CMZ:	NOC	
Vell No:	Section:		Gas:	Tract No:	P Zone:			FP:		-	
Vell Name:	Township:	ŀ	120:	P Method:	SME:	SME:		County:		State:	
Lse CA No:	Range:	C	CO2:	D Method:	Lease Typ	e:	Well T		Type:		
Inspection Date: Spt.			ate:			***************************************	Completion Date:				
Plugging Date: Sir			ite Restoration Date:				Status Change Date:				
Plugging Date:		1					l .				
Plugging Date: Production Data as of Month:	No. Days Produ		Oil:			Gas:		W	ater:		

•	WELL CON	MPLETION A	ND FACI	LITY	Y REC	ORD	(S)		
	Storage Type:		Inspection Date:	Inspection Date:					v Date:
	Township:		Range:	Range:				: 1/4	1/4:
Gas Plant Name	:		H2S Inform Date:	H2S in	Gas Stream:	H2S in S	Stv:	H2S Radio	18:
						1			
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FACILITY EQUIP TYPE	CAPACITY	UNITS OF MEASUREMENT	EQUIPME ID NUME	ENT BER	OTHER	DESC	RIPTIO	NC	
	Storage Type:		Inspection Date:				Sear Ke	cord Review	/ Date:
	Township:		Range:				Section	1/4	1/4:
Gas Plant Name:			H2S Inform Date:	H2S in	Gas Stream:	H2S in S	tv:	H2S Radiu	S:
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FACILITY EQUIP TYPE	CAPACITY	UNITS OF MEASUREMENT	EQUIPME ID NUMB	NT ER	OTHER	DESCR	RIPTIC	ON	
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	Gas Piant Name FACILITY EQUIP TYPE  Gas Piant Name:	FACILITY EQUIP TYPE  Gas Plant Name:  CAPACITY  Storage Type: Township:  Gas Plant Name:	Storage Type:  Township:  Gas Piant Name:  FACILITY EQUIP TYPE CAPACITY MEASUREMENT  Storage Type:  Township:  Gas Piant Name:  FACILITY UNITS OF	Storage Type:  Township:  Range:  H2S Inform Date:  FACILITY EQUIP TYPE CAPACITY  WEASUREMENT  Inspection Date:  Storage Type:  Inspection Date:  Storage Type:  Inspection Date:  FACILITY FACI	Storage Type:    Township:   Range:     Gas Plant Name:   H2S Inform Date:   H2S in     FACILITY   UNITS OF   EQUIPMENT     EQUIP TYPE   CAPACITY   MEASUREMENT   ID NUMBER     Storage Type:   Inspection Date:     Township:   Range:     Gas Plant Name:   H2S Inform Date:   H2S in     FACILITY   UNITS OF   EQUIPMENT	Storage Type:  Township:  Range:  H2S Inform Date:  H2S in Gas Stream:  FACILITY EQUIP TYPE CAPACITY MEASUREMENT ID NUMBER OTHER  Storage Type:  Inspection Date:  Township:  Range:  H2S in Gas Stream:	Storage Type:  Township:  Range:  H2S Inform Date:  H2S in Gas Stream:  H2S in S  FACILITY EQUIP TYPE CAPACITY  MEASUREMENT  ID NUMBER  OTHER DESCI  Storage Type:  Inspection Date:  Township:  Range:  H2S in Gas Stream:  H2S i	Gas Plant Name:    H2S Inform Date:   H2S in Gas Stream:   H2S in Stv:	Storage Type:   Inspection Date:   Seal Record Review

				IN	NSPECT	TION P	RIORI	TY(S)				¥	
YEAR	RANK	FREQ	PROD	ENV	HEALTH SAFETY	OTHER RESRC	LEGAL	OPER COMP	OVL Pri	IID STAT	AVG MTH OIL	PR●D GAS	-
2004		С	L	L	L	L	L	L	Z	Н			
Remarks:													_
2003		C	L	L	L	L	L	L	Z	Н			
Remarks:													

	APP	ROVAL R	ECORD(S)	
Approval Type:		Approval Date:	Well(s):	

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ACTIVITY CODE	OPEN DATE	CLOSE DATE	NUMBER WELLS INSPECTED	NUMBER FACILITIES INSPECTED	OFFICE TIME	TRAVEL TIME	INSPECTED TIME	TRIPS	SOURCE
	REFERRALS	OIL OVER REPORTED	OIL UNDER REPORTED	OIL ACCOUNTED FOR		GAS OVER REPORTED	GAS UNDER REPORTED	GAS ACCOUNTED FOR	
PURCHASER C	CONTRACTOR								
ACTIVITY CODE	OPEN DATE	CLOSE DATE	NUMBER WELLS INSPECTED	NUMBER FACILITIES INSPECTED	OFFICE TIME	TRAVEL TIME	INSPECTED TIME	TRIPS	SOURCE
	REFERRALS	OIL OVER REPORTED	OIL UNDER REPORTED	OIL ACCOUNTED FOR		GAS OVER REPORTED	GAS UNDER REPORTED	GAS ACCOUNTED FOR	
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PURCHASER C	CONTRACTOR							Andrew Constitution	
ACTIVITY CODE	OPEN DATE	CLOSE DATE	NUMBER WELLS INSPECTED	NUMBER FACILITIES INSPECTED	OFFICE TIME	TRAVEL TIME	INSPECTED TIME	TRIPS	SOURCE
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PURCHASER C	ONTRACTOR		<u> </u>	A					
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	REFERRALS	OIL OVER REPORTED	OIL UNDER REPORTED	OIL ACCOUNTED FOR		GAS OVER REPORTED	GAS UNDER REPORTED	GAS ACCOUNTED FOR	
						-			

Report Creation Parameters
Inspection in History:
Well/Facility Grouping:
Print NOS and APD:
Print ABD Wells:
Print P+A and RLOC Wells:
Print INCs:
Print Approvals:
Well/Facility Sort:
Approval Sort: