

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

INSPECTION RECORD - PRODUCTION

Resource Area:	Township:	Range:	Section:
Class:	Meridian:	1/4 1/4:	Latitude:
Inspection Item IID:	County:	State:	Longitude:
Lease Name:	Indian Agency:	Lease Status:	Hazard:
Operator:	Mineral Ownership Percent:	Status Date:	Royalty:

Contract:	Remarks:
-----------	----------

PR Year:	Inspection Type:	Inspector:	Open Date:	Close Date:
----------	------------------	------------	------------	-------------

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 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	

PURCHASER 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	

PURCHASER CONTRACTOR

GENERAL							INSPECTED	VIOLATION
1. Identification Satisfactory <i>(per 43 CFR 3162.6)</i>								
A. Tanks								
B. Facilities								
C. Wells								
2. Well Equipment Satisfactory								
3. Environmental Protection Satisfactory <i>(per 43 CFR 3162.3-1, 3162.5-1, 3162.7-1, and NTL's 2-B and 3-A)</i>								
A. Water Disposal								
1. Pits								
2. Subsurface								
B. Surface Use								
C. Undesirable								

LIQUID HYDROCARBONS PRODUCTION (per Order No. 4)		INSPECTED	VIOLATION
4. Liquid Handling Equipment Satisfactory			
A. Bypass Around Measurement Point			
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 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: Gas Well Casing Head			
8. Measurement Satisfactory (attach appropriate forms)			
A. Volume Calculation Performed (attach calculations)			
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)			
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 Record			
A. Maintained by Operator			
B. Current			
C. Seal Record			
SAFETY (per 43 CFR 3162.5-3, Order No. 6)			
13. H2S			
A. Hazard			
1. PPM Ambient STV			
B. Operating Requirements Met			
C. Public Protection Plan Required Available			
RECORDS REVIEW		REVIEW PERIOD DATES	
14. Production/Measurement Records (per Order No. 4 & 5)		FROM	TO
A. Internal Records (attach any independent calculations)			
1. MMS 3160 (MRO)			
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 Statement			
3. Pumpers Log			
4. Seal Records			
a. LACT			
b. Facility			
5. Purchasers Gas Volume Sales Reports			
6. Chart Integration Reports			
7. Methods Used to Estimate Volumes of Gas Flared/Vented			
8. Methods Used to Estimate Volumes of Gas or Oil Lost/Used on Lease			
OTHER			
15. Royalty Rate Determination (per 43 CFR 3162.7-4)			
16. Transporter Manifest Review (per CFR 3162.7-1)			
REMARKS			

INSPECTION HISTORY FOR FISCAL YEAR

INSPECTOR	OPEN DATE	CLOSED DATE	INSP TYPE	INSP ACTY	WELL INSP	FAC INSP	INSP TIME	TRAV TIME	OFFICE TIME
-----------	-----------	-------------	-----------	-----------	-----------	----------	-----------	-----------	-------------

WELL COMPLETION AND FACILITY 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:	H2O:	P Method:	SME:	County:	State:
Lse CA No:	Range:	CO2:	D Method:	Lease Type:	Well Type:	
Inspection Date:		Spud Date:		Completion Date:		
Plugging Date:		Site Restoration Date:		Status Change Date:		
Production Data as of Month:	No. Days Produced:	Oil:	Gas:	Water:		

Remarks:

API No:	1/4 1/4:	Oil:	Status:	Footages:	CMZ:	NOC:
Well No:	Section:	Gas:	Tract No:	P Zone:	FP:	
Well Name:	Township:	H2O:	P Method:	SME:	County:	State:
Lse CA No:	Range:	CO2:	D Method:	Lease Type:	Well Type:	
Inspection Date:		Spud Date:		Completion Date:		
Plugging Date:		Site Restoration Date:		Status Change Date:		
Production Data as of Month:	No. Days Produced:	Oil:	Gas:	Water:		

Remarks:

INSPECTION PRIORITY(S)

YEAR	RANK	FREQ	PROD	ENV	HEALTH SAFETY	OTHER RESRC	LEGAL	OPER COMP	OVL PRI	IID STAT	AVG MTH OIL	PROD GAS
2004		C	L	L	L	L	L	L	Z	H		
Remarks:												
2003		C	L	L	L	L	L	L	Z	H		
Remarks:												

APPROVAL RECORD(S)

Approval Type:

Approval Date:

Well(s):

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 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	

PURCHASER 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	

PURCHASER 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	

PURCHASER CONTRACTOR

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: