Well Inspection Field Form

State Staff: Gerry Guye Date: 11 / 28 / 01 Duration: _____ hrs

Owner Representative(s): _____ Arrival Time: _____ am/pm

Others Present: _____

General Well Data and Inspection Information

API Well No.: 30-015-29133-00-00 Location: Sec. 35 Township 17 S Range 28 E

Owner Name/Number: OCCIDENTAL PERMIAN LTD

Well Name/Number: EVELYN 35 STATE COM

Field name: EVELYN 35 STATE COM County: Eddy Region: Artesia

Failed Items Violation? ☑

Fail Code	Status	Description
		Bradenhead on Continuous blow while pumping

Inspection Type

Construction	☐	Pre-Operation	☐	Tubing Pressure: _____ PSI	
Complaint Response	☐	Plugging Witnessed	☐	Surface Casing Pressure: _____ PSI	
Complaint Verification	☐	Rig/BOP	☐	Correction Action Due: _____	
Emergency Response	☐	Routine/Periodic	☐	Date Operator is Notified: _____	
Surface Restoration	☐			Date Scheduled: _____	
MIT Witnessed	☑ T/A			Date Performed: _____	
				Is additional followup required? [✓] YES [ ] NO	

Comments

Failed

Signature of State Inspector/Representative:	Phil Hawkins
Signature of Operator Representative:	

Wellbore Diagram

API Well No: 30-015-29133-00-00 **Permit No:** **Well Name/No:** EVELYN 35 STATE COM

Company Name: OCCIDENTAL PERMIAN LTD

Location: Sec: 35 T: 17S R: 28E Spot:

Coordinates: X: Y: 0 32.79415 104.1401

Field Name: EVELYN 35 STATE COM

County Name: Eddy

String Information

Cement Information

Perforation Information

TOP

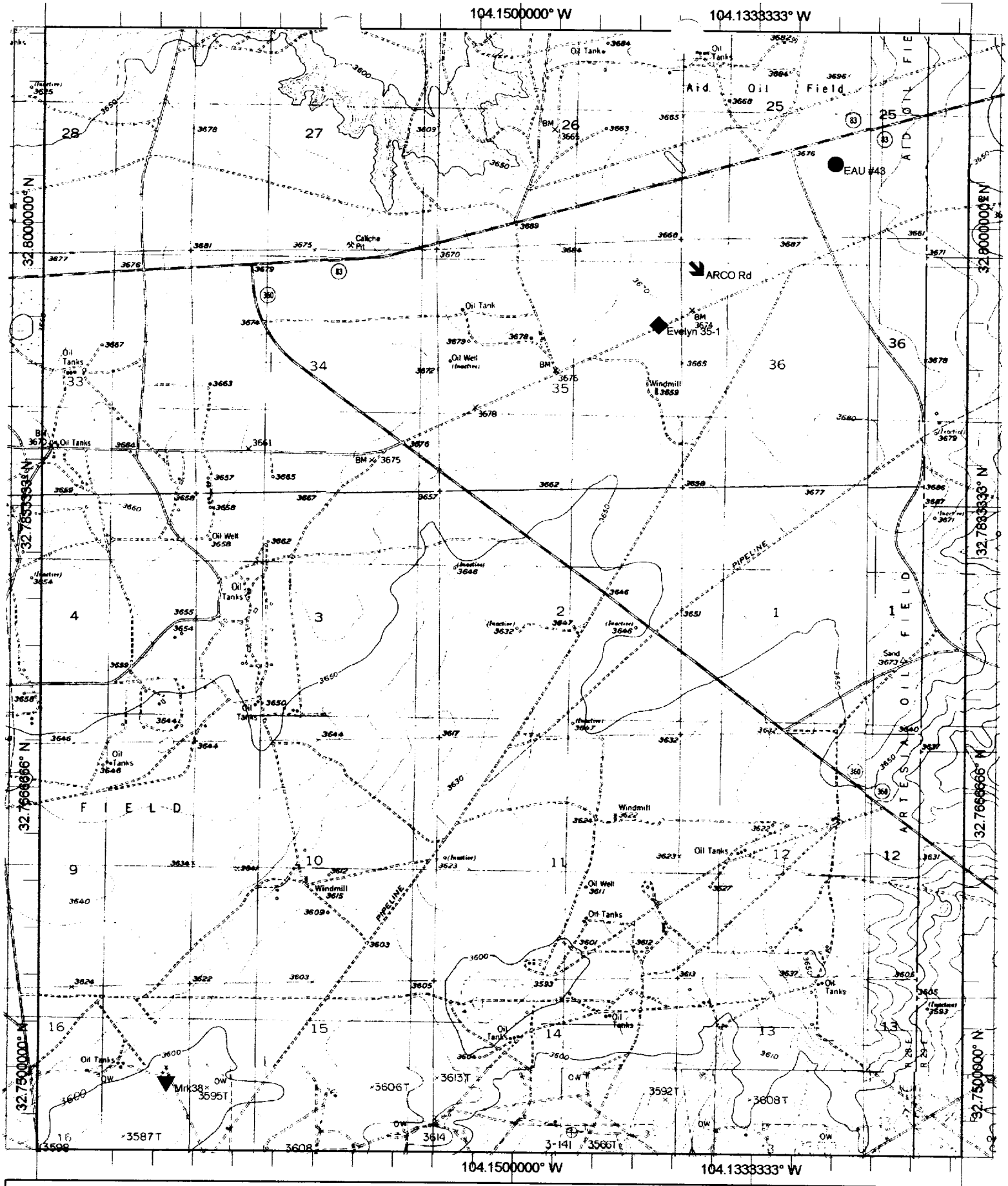
CIBP @ 9635'

Formation Information

Formation	Depth	Formation	Depth

Hole: Unknown

TD: **TVD:** 10805 **PBTD:** 0



Name: RED LAKE
Date: 11/28/2001
Scale: 1 inch equals 2666 feet

Location: 032.7782976° N 104.1508354° W
Caption: Evelyn 35 St #1