

WELL COMPLETION OR RE-COMPLETION REPORT

Instructions: Within thirty days following the completion or re-completion of any well, the owner or operator shall submit the original of this form. The Commission will reproduce copies as required. Geological information will be held confidential for a period of twelve months upon written request. If multiple completion, submit separate report for each completion.

TYPE OF WORK	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	Injection Well <input type="checkbox"/>	Directional Well <input type="checkbox"/>
	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>

Operator _____

Address _____

API Number	Lease Name	Well Number	Field and Reservoir (If wildcat, so state)
------------	------------	-------------	--

Surface Location				County
Qtr-Qtr.	Sec.	Twp.	Rng.	

Surface Location of Well – Footage (Report location from exterior section lines)

Feet from N ___ S ___ line Feet from E ___ W ___ line of the Section

Bottom Hole Location if Well is Directionally Drilled – Footage (Report location from exterior section lines)

Feet from N ___ S ___ line Feet from E ___ W ___ line of the Section

Latitude and Longitude of Surface Location – Decimal Degrees

Spud Date	Date Reached TD	Date Completed	Elevation	Reference of Elevation KB ___ DF ___ GL ___
-----------	-----------------	----------------	-----------	--

Measured Depth, Ft	True Vertical Depth, Ft	PBSD, Ft	Single or Multiple Zone Completion	Producing Interval(s) for this Completion - Top, Bottom, Name
--------------------	-------------------------	----------	------------------------------------	---

Type of Logs Run in Well _____

CASING, LINER and CEMENTING RECORD

Purpose of String	Hole Size Inches	Casing Size Inches	Weight LBS/Ft	Casing Grade	Setting Depths		Cement Volume and Type Sacks and Class	Estimated Top of Cement
					Top	Bottom		

PERFORATION and STIMULATION RECORD

Formation	Top Perforation	Bottom Perforation	Shots/Ft	Size and Type	Stimulation and/or Squeeze History

TUBING and PACKER RECORD

Tubing Size Inches	Tubing Weight LBS/Ft	Tubing Grade	Tubing Setting Depth Ft	Packer Type or Model	Packer Setting Depth, Ft	Annulus Integrity Test, Annular Fluid and Surface Pressure, PSIG

INITIAL PRODUCTION

Date of First Production	Producing Method – Flowing, Pumping, Gas Lift	Choke Size, Inches	Flowing Tubing Pressure, PSIG	Casing Pressure, PSIG	
RATE OF PRODUCTION 24 HOUR TEST PERIOD		Oil, BBLS	Gas, MCF	Water, BBLS	Gas/Oil Ratio, SCF/BBLS
Disposition of Gas (Vented, Flared, used on lease, sold)			Oil and/or Gas Purchaser		

I/We hereby swear that the statements herein made are complete and correct.

Signature

Printed or Typed Name & Title

Date

WELL LOG

Show important formations penetrated, with tops. Detail all cores. Report all drill stem tests, giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, fluid recovery and flow rate if gas to surface during test. Enclose one copy of each open-hole log run in well.

FORMATION RECORD		
Formation Name	Top of Formation Measured Depth, Ft	Top of Formation True Vertical Depth, Ft if Directional Well

CORING RECORD		
Formation Name	Interval Cored	Core Recovery, Feet

Enclose one copy of the core analysis with this Form 5.

DRILL STEM TESTS													
DST Number	Top of Interval	Bottom of Interval	IHP	IFBHP		ISIBHP		FFBHP		FSIBHP		FHP	Description of Pipe Recovery
				Pressure	Time	Pressure	Time	Pressure	Time	Pressure	Time		
Additional Information													
Additional Information													
Additional Information													
Additional Information													

Additional Information: