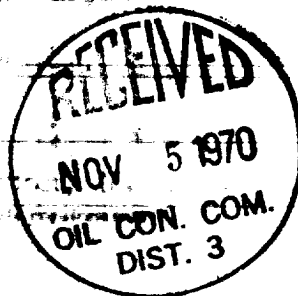


UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND STATUS OF WELL



NAME OF OPERATOR
DATE OF COMPLETION
WELL NO.
SECTION
TOWNSHIP
RANGE
COUNTY
STATE

TYPE OF OPERATION
REASON FOR OPERATION
DATE OF OPERATION
WELL NO.
SECTION
TOWNSHIP
RANGE
COUNTY
STATE

DATE COMPLETION (Specify if needed)

IS THIS WELL A NEW WELL? IF YES, DATE OF COMPLETION
IF NO, DATE OF RECOMPLETION

IS THIS WELL A RECOMPLETION? IF YES, DATE OF RECOMPLETION

IS THIS WELL A RECOMPLETION? IF YES, DATE OF RECOMPLETION

IS THIS WELL A RECOMPLETION? IF YES, DATE OF RECOMPLETION

IS THIS WELL A RECOMPLETION? IF YES, DATE OF RECOMPLETION

IS THIS WELL A RECOMPLETION? IF YES, DATE OF RECOMPLETION

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IS THIS WELL A RECOMPLETION? IF YES, DATE OF RECOMPLETION

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See Instructions and Spaces for Additional Information

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