

Oil Well Completion Report

Well Name: Miller No. 44701

Well No. _____

Well Name _____

Well Status: New Well Existing Well

Completion: None Partial Full

Group to Operate: None Group _____

Operator Name: _____

Operator Address: _____

Operator Phone: _____

Operator License No.: _____

Number of days on a gas lease: _____

and number of previous owners: _____

Section III: **LEASE INFORMATION**

Well Name: *Miller No. 44701*

Section of Lease: _____

State, Federal or Fee: *Fee*

Lease No.: _____

Location: *M 20 44th 37-E*

Feet From The: *West*

Line of Survey: _____

County: _____

Section IV: **ADDRESS FOR CORRESPONDENCE**

Name of Person to Whom Copy of this Form is to be Sent: _____

Address: _____

Name of Person to Whom Reproduced Copy of this Form is to be Sent: _____

Address: _____

If well produces oil or gas, give location of tanks: *M 20 44th 37-E*

Well No.: _____

Section: _____

Line: _____

County: _____

If a production is commingled with that from another lease on property, give commingling order number: _____

Section V: **COMPLETION DATA**

Designate Type of Completion - (R)	Well No.	Well Cover	Despen	Plug Back	Same Res'v.	Diff. Res'v.
None						
Partial						
Full						

Measurements (DF, RAN, RT, CR, etc.)	Name of Fracture Treatment	Fracture Length	Fracture Width

HOLE SIZE	GASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

Section VI: **TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

Test: Flow Pressure Recovery of total volume of fluid oil and must be equal to or exceed top allowable production for full 24 hours

Date First New Oil Run To Tanks	Date of Test	Production, volume (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Section VII: **GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	API Gr. Condensate/MCF	Gravity of Condensate
Test Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

Section VIII: **CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information herein above is true and complete to the best of my knowledge and belief.

Signature: _____

Title: _____

OIL CONSERVATION COMMISSION

APPROVED: _____, 19____

BY: _____

TITLE: _____

Christine O. Fisher
(Signature)

This form is to be filed in compliance with RULE 1104.
If this is a request for allowance for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation measurements of the well in accordance with RULE 111.