

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____			
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____				7. UNIT AGREEMENT NAME _____			
2. NAME OF OPERATOR _____				8. FARM OR LEASE NAME _____			
3. ADDRESS OF OPERATOR _____				9. WELL NO. _____			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface _____ At top prod. interval reported below _____ At total depth _____				10. FIELD AND POOL, OR WILDCAT _____			
		14. PERMIT NO. _____	DATE ISSUED _____	12. COUNTY OR PARISH _____	13. STATE _____		
15. DATE SPUDDED _____	16. DATE T.D. REACHED _____	17. DATE COMPL. (Ready to prod.) _____	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* _____	19. ELEV. CASINGHEAD _____			
20. TOTAL DEPTH, MD & TVD _____	21. PLUG, BACK T.D., MD & TVD _____	22. IF MULTIPLE COMPL., HOW MANY* _____	23. INTERVALS DRILLED BY _____	ROTARY TOOLS _____	CABLE TOOLS _____		
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* _____					25. WAS DIRECTIONAL SURVEY MADE _____		
26. TYPE ELECTRIC AND OTHER LOGS RUN _____					25. WAS WELL CORED _____		
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
29. LINER RECORD			30. TUBING RECORD				
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION							
DATE FIRST PRODUCTION _____		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____			WELL STATUS (Producing or shut-in) _____		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____						TEST WITNESSED BY _____	
35. LIST OF ATTACHMENTS _____							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							

SIGNED _____

TITLE _____

DATE _____

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
Chester	10720	10897	(Continued) DST #5 Open 60 min. Shut In 120 min. Open 180 min. Shut In 180 min. Rec. 210' CGM 360' HCGM 552' Distillate and Mud IF 337# FF 505# ISI 5496# FSI 4992# GTS IN 13 min. 300,000 CuFt/Day Decrease to 260,000 CuFt/Day.				