



Well Completion or Recompletion Report and Well Log

Type of Completion

Input boxes for completion types: New Well, Worked Over, Deepen, Plug Back, Same Reservoir, Different Reservoir, Oil, Gas

DESCRIPTION OF WELL AND LEASE

Operator: \_\_\_\_\_ Address: \_\_\_\_\_
Lease Name: \_\_\_\_\_ Well Number: \_\_\_\_\_
Location: \_\_\_\_\_ County: \_\_\_\_\_ Sec. \_\_\_\_\_ T \_\_\_\_\_ N. R \_\_\_\_\_ E W
Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Previous Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_
Date Spudded: \_\_\_\_\_ Date Total Depth Reached: \_\_\_\_\_ Date Completed, Ready to Produce: \_\_\_\_\_
Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_
Elevation (GR, DF, RT, KB, etc.): \_\_\_\_\_ Elevation Casing Head Flange: \_\_\_\_\_
Producing Interval(s) for this Completion: \_\_\_\_\_ Rotary Tools Used (Interval): \_\_\_\_\_
Cable Tools Used (Interval): \_\_\_\_\_
Type of Electrical or Other Logs Run: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Casing Record

Table with 7 columns: Purpose, Size Hole Drilled, Size Casing Set, Weight (Lbs/Ft.), Depth Set, Sacks Cement, Amount Pulled

Tubing Record

Liner Record

Table with 8 columns: Size IN., Depth Set FT., Packer Set At FT., Size IN., Top FT., Bottom FT., Sacks Cement, Screen (Ft.)

Perforation Record

Acid, Shot, Frature, Cement Squeeze

Table with 5 columns: Number per Ft., Size and Type, Depth Interval, Amount & Kind of Material Used, Depth Interval

Initial Production

Date First Produced: \_\_\_\_\_
Production Method (indicate if flowing, gas lift, or pumping- if pumping, show size and type): \_\_\_\_\_
Test Date: \_\_\_\_\_ Hrs Tested: \_\_\_\_\_ Choke Size: \_\_\_\_\_ Oil Produced During Test: \_\_\_\_\_ BBLS
Gas Produced: \_\_\_\_\_ MEF Water Produced: \_\_\_\_\_ BBLS Oil Gravity: \_\_\_\_\_ API (Corr.)
Tubing Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Gas/Oil Ratio: \_\_\_\_\_
Calculated Rate of Production per 24 hrs.: Oil: \_\_\_\_\_ BBLS Gas: \_\_\_\_\_ MCF Water: \_\_\_\_\_ BBLS

STATE OF \_\_\_\_\_ )
COUNTY OF \_\_\_\_\_ )



Lessee or Operator

Signature

Title

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is duly authorized to make the above application and that he has knowledge of the facts stated therein and that the facts stated in said application are true and correct.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC