



WELL COMPLETION OR RECOMPLETION REPORT

Type of Completion:							
Oil Well	Gas Well	Injection	Workover	Deepen	Plug Back	Other: _____	
Name and Address of Operator:						Telephone:	
Name and Address of Drilling Contractor and Rig No:							
Surface Location of well: Qtr-Qtr, Sec, Twp, Rge, County, feet from nearest lines of section, and latitude and longitude (if available)							
If Directional, top of pay and bottom hole location from nearest lines of section:							
Well Name and No.			Field and Pool, or Wildcat		Permit No.	API No.	Date Issued
Spud Date	TD Date	Compl Date	Elevation	Total Depth (MD & TVD)		Plug Back TD (MD & TVD)	
				MD:	TVD:		
Producing Interval(s), this Completion, Top, Bottom, Name (MD & TVD)					Bottom Hole Pressure Survey (psi & feet)	Was well cored? No Yes List Intervals:	
Type Electric and Other Logs Run					Date Directional Survey Submitted		

CASING RECORD (Report all strings set in well)

Hole Size	Casing Size	Weight (lb/ft)	Depth Set	Amount Pulled	Sacks and Type of Cement	Top of Cement

TUBING RECORD

LINER RECORD

Size	Weight (lb/ft)	Depth Set	Packer Type & Depth	Size	Depth Interval	Sacks and Type of Cement

PERFORATION RECORD

Interval/Depth	Holes Per Ft.	Formation Isolated	Amount and Type of Cement used (indicate if squeeze cemented). Amount and Type of Acid and/or Sand used. Use additional page(s) if needed.

PRODUCTION

Date First Production		Producing Method (Flowing, gas lift, pumping - size and type of pump)				Well Status (producing or shut-in)	
Date of Test	Hours Tested	Choke Size	Production For Test →	Oil (Bbls)	Gas (Mcf)	Water (Bbls & %)	Oil Gravity - API (Corr.)
Flowing Tbg Pressure		Casing Pressure	Calculate 24 Hour Rate →	Oil (Bbls)	Gas (Mcf)	Water (Bbls & %)	Gas-Oil Ratio
Disposition of Oil (Purchaser and Transporter), and Gas (sold, used for fuel, vented, etc.)						Test Witnessed By	
List of Attachments/Comments							

GEOLOGIC MARKERS

FORMATION NAME AND BRIEF DESCRIPTION	MEASURED DEPTH	TRUE VERTICAL DEPTH
Use additional page(s) if needed.		

DRILL STEM TEST DATA

Drill Stem Test Results Attached No. of DST's run _____ If not attached, list Depth Interval Tested, Cushion Used, Time Tool Open, Flowing and Shut-in Pressures, and Recoveries.
Use additional page(s) if needed.

I hereby certify that the information herein provided is true, complete, and correct as determined from all available records.			
_____	_____	_____	_____
Signature	Name (Print)	Title	Date