



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES
Minerals & Mining Program
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FORM 4

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.

Continued on Next Page →

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