DEPARTMENT of ENVIRONMENT and NATURAL RESOURCES
Minerals & Mining Program
2050 West Main, Suite #1, Rapid City, SD 57702-2493
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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)	No. of DST's run _____ (see page 2)	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

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