



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)
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.

