



WELL DRILLING AND COMPLETION REPORT

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| FOR DEPARTMENT USE ONLY  |                         |                   |   |                    |   |  |   |   |                  |               |
|--|-------------------------|-------------------|---|--------------------|---|--|---|---|------------------|---------------|
| Reviewed by _____  |                         |                   |   |                    | Date _____  |  | Well Type _____   |   |                  |               |
| WELL NAME AND NUMBER   |                         |                   |   |                    | API WELL IDENTIFICATION NUMBER  |  |   |   |                  |               |
|  |                         |                   |   |                    | 3 1 - - - - -   |  |   |   |                  |               |
| WELL OWNER (Full Name of Organization or Individual as registered with the Division)   |                         |                   |   |                    |   |  |   |   |                  |               |
| TYPE OF REPORT   |                         |                   | TYPE OF WELL  |                    |   | TYPE OF WELL BORE  |   |   |                  |               |
| <input type="checkbox"/> Interim <input type="checkbox"/> Final  |                         |                   | <input type="checkbox"/> New <input type="checkbox"/> Existing  |                    |   | <input type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal |   |   |                  |               |
| If the well is directional or sidetrack, also submit a complete directional survey   |                         |                   |   |                    |   |  |   |   |                  |               |
| TYPE OF OPERATION  |                         |                   | WELL TYPE (Test data, if available, must be noted on page 2 of this form)   |                    |   |  |   |   |                  |               |
| <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back<br><input type="checkbox"/> Deepen <input type="checkbox"/> Convert  |                         |                   | <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal<br><input type="checkbox"/> Oil Production <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) |                    |   |  |   |   |                  |               |
| FLUIDS PRODUCED OR INJECTED  |                         |                   |   |                    | TYPE OF COMPLETION  |  |   |   |                  |               |
| <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Brine <input type="checkbox"/> Fresh Water<br><input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify)   |                         |                   |   |                    | <input type="checkbox"/> Single <input type="checkbox"/> Multiple<br><input type="checkbox"/> Other (Specify) |  |   |   |                  |               |
| 7½ MINUTE QUAD NAME  |                         |                   |   |                    | QUAD SECTION  |  |   |   |                  |               |
| LOCATION DESCRIPTION   |                         |                   | DECIMAL LATITUDE (NAD 83)   |                    |   | DECIMAL LONGITUDE (NAD 83)   |   |   |                  |               |
| Surface    0'    0'  |                         |                   | _____   |                    |   | _____  |   |   |                  |               |
| Top of Target Interval   |                         |                   | _____   |                    |   | _____  |   |   |                  |               |
| Bottom of Target Interval  |                         |                   | _____   |                    |   | _____  |   |   |                  |               |
| Bottom Hole  |                         |                   | _____   |                    |   | _____  |   |   |                  |               |
| TVD    TMD   |                         |                   |   |                    |   |  |   |   |                  |               |
| PRODUCING FORMATION(S)   |                         |                   | DEEPEST FORMATION PENETRATED  |                    |   | DRILLING CONTRACTOR(S)   |   |   |                  |               |
| For vertical wells, use TMD to record depths   |                         |                   |   |                    |   |  |   |   |                  |               |
| COUNTY   |                         |                   | DATE DRILLING COMMENCED   |                    |   | DRILLING WITH CABLE TOOLS (TMD)  |   |   |                  |               |
|  |                         |                   | Month    Day    Year  |                    |   | From    ft.    to    ft.   |   |   |                  |               |
| TOWN   |                         |                   | DATE DRILLING COMPLETED   |                    |   | DRILLED WITH ROTARY TOOLS (TMD)  |   |   |                  |               |
|  |                         |                   | Month    Day    Year  |                    |   | From    ft.    to    ft.   |   |   |                  |               |
| FIELD/POOL NAME  |                         |                   | DATE FINAL COMPLETION/RECOMPLETION  |                    |   | ROTARY DRILLING FLUID  |   |   |                  |               |
|  |                         |                   | Month    Day    Year  |                    |   | <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Mud                   |   |   |                  |               |
| DRILLER'S TD (ft.)   |                         | LOGGER'S TD (ft.) |   | PLUG BACK TO (ft.) |   | KICKOFF DEPTH (ft.)  |   | ELEV. (ft.)   |                  |               |
| _____ TVD  |                         | _____ TVD         |   | _____ TVD          |   | _____ TMD  |   | _____ <input type="checkbox"/> Topo <input type="checkbox"/> Survey                                   |                  |               |
| _____ TMD  |                         | _____ TMD         |   | _____ TMD          |   |  |   | DATUM (ft.) _____ <input type="checkbox"/> DF <input type="checkbox"/> KB <input type="checkbox"/> GL |                  |               |
| If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-8-15) to show the details of the plug back   |                         |                   |   |                    |   |  |   |   |                  |               |
| LIST ALL WIRELINE LOGS RUN – SUBMIT TWO (2) COPIES OF EACH   |                         |                   |   |                    |   |  | WELL CORED  |   |                  |               |
| <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud<br><input type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input type="checkbox"/> Sonic<br><input type="checkbox"/> Other (Specify) |                         |                   |   |                    |   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes<br><input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional |   |                  |               |
|  |                         |                   |   |                    |   |  | CUTTINGS COLLECTED FOR STATE  |   |                  |               |
|  |                         |                   |   |                    |   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                  |               |
| CASING PROGRAM   | CASING STRINGS          |                   | HOLE SIZE   | PIPE SIZE          | GRADE/WT.   | NEW OR USED  | DEPTHS SET (TMD)  |   |                  |               |
|  |                         |                   |   |                    |   |  | CASING  | CENTRALIZERS  | BASKETS          |               |
|  | Drive Pipe or Conductor |                   |   |                    |   |  |   |   |                  |               |
|  | Surface or Water        |                   |   |                    |   |  |   |   |                  |               |
|  | Intermediate            |                   |   |                    |   |  |   |   |                  |               |
| CEMENT DATA  | CEMENT DATA             |                   | CLASS/TYPE OF CEMENT  |                    | NUMBER OF SACKS   | SLURRY WT. (ppg)   | YIELD (ft. <sup>3</sup> /sx)  | VOLUME (ft. <sup>3</sup> )  | CEMENT TOP (TMD) | W.O.C. (hrs.) |
|  |                         |                   |   |                    |   |  |   |   |                  |               |
|  | Drive Pipe or Conductor |                   |   |                    |   |  |   |   |                  |               |
|  | Surface or Water        |                   |   |                    |   |  |   |   |                  |               |
|  | Intermediate            |                   |   |                    |   |  |   |   |                  |               |
| Production   |                         |                   |   |                    |   |  |   |   |                  |               |
| Liners   |                         |                   |   |                    |   |  |   |   |                  |               |

