

DEPARTMENT of ENVIRONMENT and NATURAL RESOURCES Minerals & Mining Program - Oil & Gas Section 2050 West Main, Suite #1, Rapid City, SD 57702-2493 Telephone: 605-394-2229, FAX: 605-394-5317

WELL COMPLETION OR RECOMPLETION REPORT

Type of Co Oil V		Well Injec	tion Work	over Deepen	Plug Bac	k 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 1	interval(s), thi	s Completion, To	p, Bottom, Name	e (MD & TVD)		No. of DST's Run	Was Well cored? No Yes						
			(see page 2)	List Intervals:									
Type Electr	ric and Other	ogs Run:	Date Directional Survey Submitted										
		ı	CASING RECO	ORD (Report all st	rings set in we	ll)							
Hole Size	Casing Size	Weight (lb/ft	Depth Set	Amount Pulled	Sacks	and Type of Cement	Top of Cement						
	TUBING F	ECORD	<u>, </u>	LINER RECORD									
Size	Weight (lb/f	Ĩ	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

				rkobuc	TION						
Date First Production		Producing	g Method (Flowin	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 (Purch	Test Witnessed By									
List of Attachments/Comments											
GEOLOGIC MARKERS											
FORMATION NAME AND BRIEF DESCRIPTION MEASURED DEPTH TRUE VERTICAL D							VERTICAL DEPTH				
Use additional	page(s) if	needed.		DDILL STEM T	PECT DATA						
D :11 G:	T D.	1. 4 1	1	DRILL STEM T	IESI 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.											
Signatur		e		Name (Print)		Title	Date				
FOR OFFICE USE ONLY											
Approved B	3 y:			Title:		Date:					