

Permit Number _____

TUBING RECORD

Size	Weight/ft.	Name & Type	Depth set
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PACKER RECORD

Size (O.D.)	Size (I.D.)	Name & Type	Depth set	Date	Test pressure
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MECHANICAL PLUG

Size	Weight range	Name & Type	Depth set	Date	Test pressure
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WELL STIMULATION AND TREATMENT RECORD*

Process	Interval	Date	Material & Quantity	Pressure	Service company
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____

* Full details should be given on Form OGB-6, Report of Well Treatment.

DRILL STEM TEST RECORD**

Test date	Interval	Type and volume of fluids recovered (oil, gas, water, etc.)
_____	_____ to _____	_____ ; Rw = _____
_____	_____ to _____	_____ ; Rw = _____
_____	_____ to _____	_____ ; Rw = _____
_____	_____ to _____	_____ ; Rw = _____

** Submit two copies of drill stem test results with this form.

ARTIFICIAL LIFT

Date installed: _____ Type: _____ Depth: _____

Person to contact regarding this form	Phone number	_____
	Fax number	_____
	E-mail Address	_____

Remarks:

Executed this the _____ day of _____, 20____ Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20____

SEAL My commission expires _____ Notary Public in and for _____ County, _____