DESIGNATE TYPE OF COMPLETION:

 New Well **[ ]**  Work-Over [ ]  Deepen [ ]  Plug Back [ ]  Same Reservoir [ ]  Different Reservoir [ ]  Oil [ ]  Gas [ ]  Dry [ ]

Well Name/Number:       US Well Number:

Operator:       Contact Person:

Address:

Field & Reservoir:       County:

Location: (Sec.-TWP-Range or Block & Survey):       Date Permit Issued:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date spudded      | Date total depth reached      | Date completed, ready to produce       | Elevation (DF, RKB, RT, or GR)       | Elevation of casing hd. Flange      |
| Total depth      | P.B.T.D.1       | Single, dual, or triple completion       | If this is a dual or triple completion, furnish separate report for each completion. Enter NA or Multiple; see separate report:       |
| Producing interval(s) for this completion            | Rotary Tools used (interval)      | Cable tools used (interval)       |
| Was this well directionally drilled?  Yes [ ]  No [ ]  | Was a directional survey made?Yes [ ]  No [ ]  NA [ ]  | Was a copy of directional survey filed? Yes [ ]  No [ ]  NA [ ]   | Date filed      |
| Type of electrical or other logs run (check logs filed with the commission)            | Date filed       |

1 Plug Back Total Depth

### CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Purpose | Size Hole Drilled | Size Casing set | Weight (lb./ft.) | Depth set | Sacks Cement | Amount. Pulled |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

 TUBING RECORD LINER RECORD

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Size: (ft) | Depth: (ft) | Packer set at: (ft) | Size: (ft) | Top: (ft) | Bottom: (ft) | Sacks Cement: | Screen: (ft) |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
|  | PERFORATION RECORD | ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD |
| Number per ft. | Size & Type | Tubing Weight | Depth Interval | Amount & Kind of Material Used | Depth Interval |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| Date of First Production:      | **NOTE: IF A 4-POINT TEST IS PERFORMED, PLEASE ATTACH A COPY****TO THIS COMPLETION REPORT.** |
| Date of Test      | Hrs. Tested      | Choke Size      | Oil Prod. During Test (bbls.)      | Gas Prod. During Test (MCF)       | Water Prod. During Test (bbls.)      |
| Tubing Pressure (PSI)      | Casing Pressure (PSI)      | BHP (PSI)      | Oil Gravity \*API (Corr)        | Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump):      |
| Cal’ted Rate per 24 hrs      | Oil (bbls.)      | Gas (MCF)      | Water (bbls.)      | Gas—oil ratio      |
| Disposition of gas (state whether vented, used for fuel or sold):      |

Well Name/Number:       US Well Number:

#### Operator:

####

#### DETAIL OF FORMATIONS PENETRATED

|  |  |  |  |
| --- | --- | --- | --- |
| Formation | Top | Bottom | Description\* |
|       |       |       |       |

\*In accordance with IDAPA 20.07.02.10.58, describe the strata, water, oil, or gas encountered. Provide additional information as to give volumes, pressures, rate of fill-up, water depths, caving strata, etc, as is usually recorded in normal procedure of drilling. Show all important zones of porosity, lithologic description of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

**INSTRUCTIONS: If needed, please attach a separate document for formation detail, if page two does not provide enough room to do so.**

CERTIFICATE: I, the undersigned, state that I am the

of the       (company) and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

Date Signature

This Well Completion or Recompletion Report and Well Report shall be filed with the:

Idaho Department of Lands

Oil and Gas Division

300 N. 6th Street, Suite 103

Boise, Idaho, 83702

not later than thirty (30) days after project completion as per Rule 20.07.02.340 and Idaho Code § 47-3.