



**AFFIDAVIT OF WELL LOG
 AND COMPLETION REPORT
 AS REQUIRED BY LAW**

(TYPE OR PRINT IN INK)

OPERATOR'S PHONE: _____

<p>WELL IDENTIFICATION PERMIT NO. _____</p> <p>OPERATOR _____</p> <p>FARM NAME _____ WELL NO. _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">TYPE OF OPERATION</th> <th style="width:50%;">LOCATION</th> </tr> <tr> <td>TWIN..... <input type="checkbox"/></td> <td>COUNTY _____</td> </tr> <tr> <td>REOPEN..... <input type="checkbox"/></td> <td>SEC. _____, LTR. _____, NO. _____</td> </tr> <tr> <td>NEW WELL..... <input type="checkbox"/></td> <td><input type="checkbox"/> FNL <input type="checkbox"/> FEL</td> </tr> <tr> <td>WORKOVER..... <input type="checkbox"/></td> <td><input type="checkbox"/> FSL <input type="checkbox"/> FWL</td> </tr> <tr> <td>DEEPENING..... <input type="checkbox"/></td> <td></td> </tr> </table> <p style="text-align: center;">(D.F.)</p> <p>ELEVATION _____ (GROUND) _____ (K.B.)</p> <p>OPERATIONAL DATES</p> <p>COMMENCED _____ COMPLETED _____</p> <p>PLACED IN OPERATION _____</p> <p>PLUGGED _____ SHUT-IN _____</p> <p>DRILLING CONTRACTOR</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>WATER ENCOUNTERED (FRESH, SALT, SULFUR)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">TYPE</th> <th style="width:33%;">FROM</th> <th style="width:33%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>COMMENTS _____</p> <p>GEOPHYSICAL LOGS RUN (AS REQUIRED BY KRS 353.550(2))</p> <p>(ELECTRICAL, INDUCTION, SONIC, GAMMA RAY, NEUTRON, DENSITY, ETC.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">TYPE</th> <th style="width:33%;">FROM</th> <th style="width:33%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>TOTAL DEPTH DRILLED _____</p> <p style="text-align: center;">(AS REQUIRED BY KRS 353.570)</p> <p>CASING DATA</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">CASING OUTSIDE DIAMETER</th> <th style="width:15%;">HOLE DIAMETER</th> <th style="width:15%;">DEPTH</th> <th style="width:15%;">CEMENT NO. SKS.</th> <th style="width:15%;">PULLED YES/NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>CEMENT YIELD IN CUBIC FEET/SACK = _____</p> <p>COMMENTS _____</p>	TYPE OF OPERATION	LOCATION	TWIN..... <input type="checkbox"/>	COUNTY _____	REOPEN..... <input type="checkbox"/>	SEC. _____, LTR. _____, NO. _____	NEW WELL..... <input type="checkbox"/>	<input type="checkbox"/> FNL <input type="checkbox"/> FEL	WORKOVER..... <input type="checkbox"/>	<input type="checkbox"/> FSL <input type="checkbox"/> FWL	DEEPENING..... <input type="checkbox"/>		TYPE	FROM	TO																TYPE	FROM	TO																CASING OUTSIDE DIAMETER	HOLE DIAMETER	DEPTH	CEMENT NO. SKS.	PULLED YES/NO																										<p>TYPE OF COMPLETION (CHECK ONE)</p> <p>DRY HOLE..... <input type="checkbox"/></p> <p>OIL..... <input type="checkbox"/></p> <p>GAS..... <input type="checkbox"/> DOMESTIC GAS..... <input type="checkbox"/></p> <p>ENHANCED RECOVERY: SERVICE WELL:</p> <p>WATER INJECTION..... <input type="checkbox"/> WATER SUPPLY..... <input type="checkbox"/></p> <p>GAS INJECTION..... <input type="checkbox"/> SALT WATER DISPOSAL... <input type="checkbox"/></p> <p>GAS STORAGE: OBSERVATION..... <input type="checkbox"/></p> <p>INJECTION-EXTRACTION.. <input type="checkbox"/> OTHER..... <input type="checkbox"/></p> <p>OTHER DESCRIBE _____</p> <p>WELL TREATMENT TYPE OF FRAC.</p> <p style="text-align: center;">SHOT</p> <p>TYPE SHOT _____</p> <p>SHOT INTERVAL _____</p> <p>SHOT AMOUNT _____</p> <p style="text-align: center;">COMPLETION INTERVAL, PERFORATIONS OR OPEN HOLE</p> <p>FORMATION _____ INTERVAL _____</p> <p>FORMATION _____ INTERVAL _____</p> <p>PLUGGED _____ SHUT-IN _____</p> <p style="text-align: center;">TREATMENT</p> <p>TYPE OF TREATMENT _____</p> <p>ACID AMOUNT _____ BBLS. _____ 2ND STAGE _____ BBLS.</p> <p>TOTAL FLUID _____ BBLS. _____ 2ND STAGE _____ BBLS.</p> <p>TOTAL NITROGEN _____ SCF</p> <p>TOTAL SAND _____ LBS</p> <p>ADDITIONAL CEMENTING</p> <p>SQUEEZE CEMENT _____ SKS. _____ TOP</p> <p style="text-align: center;">_____ INTERVAL</p> <p>PLUG BACK _____ SKS. _____ TOP</p> <p style="text-align: center;">_____ INTERVAL</p> <p>INITIAL TEST VOLUMES</p> <p>OIL: NATURAL _____ B/D _____ DATE</p> <p style="padding-left: 40px;">AFTER TREATMENT _____ B/D _____ DATE</p> <p>GAS: NATURAL _____ MCF _____ DATE</p> <p style="padding-left: 40px;">AGAINST BACKPRESSURE OF _____ PSI</p> <p>SHUT-IN PRESSURE _____ AFTER _____ HOURS</p> <p style="padding-left: 40px;">AFTER TREATMENT _____ MCF _____ DATE</p> <p style="padding-left: 40px;">AGAINST BACKPRESSURE OF _____ PSI</p> <p>SHUT-IN PRESSURE _____ AFTER _____ HOURS</p> <p>LIST DST'S, CORES, FILL-UP TESTS AND OTHER SPECIALIZED TESTS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">TYPE</th> <th style="width:50%;">FROM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	TYPE	FROM										
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THIS FORM MUST BE COMPLETED AND FILED FOR EVERY PERMIT IMMEDIATELY AFTER COMPLETION OF THE WELL. RE-OPENED WELLS NEED NOT INCLUDE A DRILLER'S LOG. HOWEVER, THE FRONT SIDE OF THIS FORM MUST BE COMPLETED. INCOMPLETE FORMS WILL BE REJECTED.



FORMATION RECORD

FROM	TO	ROCK TYPE (DESCRIBE ROCK TYPES AND OTHER MATERIALS PENETRATED AND RECORD OCCURENCES OF OIL, GAS AND WATER FROM SURFACE TO TOTAL DEPTH.)	FROM	TO	ROCK TYPE (DESCRIBE ROCK TYPES AND OTHER MATERIALS PENETRATED AND RECORD OCCURENCES OF OIL, GAS AND WATER FROM SURFACE TO TOTAL DEPTH.)

AFFIDAVIT

_____, OPERATOR OF THE WELL CAPTIONED AS
PERMIT NUMBER _____ DOES HEREBY SWEAR THAT THE DEPTH OF THE WELL IS ACCURATE
 AND CORRECT AND DOES NOT EXCEED THE **PERMITTED DEPTH** OF _____.

SIGNATURE OF OPERATOR _____
TITLE _____ DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 ____.

 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____