



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**OIL AND GAS WELL COMPLETION OR  
 RECOMPLETION REPORT AND WELL LOG**

**WELL OWNER INFORMATION**

NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL	OPERATOR LICENSE
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REPORT FOR (SELECT ONE)  
 New construction     Modification to existing well    Explain: \_\_\_\_\_

**WELL INFORMATION**

LEASE NAME	PRODUCTION UNIT	WELL NUMBER	PERMIT NUMBER	API NUMBER	GROUND ELEVATION FT.
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WELL USE (SELECT ONE)

Production Well     Oil                             Commercial gas                     Non-commercial gas             Coalbed methane

Injection Well     Enhanced oil recovery     Disposal of formation fluids     Cyclic steam stimulation     Other (explain in comments box)

Other Well Usage     Stratigraphic test     Observation                     Water supply                     Other (explain in comments box)

IS THIS A MULTIPLE-COMPLETED WELL?  
 No     Yes (multiple-completed wells are subject to conditions of 10 CSR 50-2.040(5))

WELL ORIENTATION (SELECT ONE; IF HORIZONTAL WELL, ATTACH DIRECTIONAL SURVEY)

Vertical Well    Total depth \_\_\_\_\_ ft.    Plug back depth \_\_\_\_\_ ft.

Horizontal Well    Measured vertical depth \_\_\_\_\_ ft.    Horizontal borehole length \_\_\_\_\_ ft.

LOCATION OF WELL Sec. _____ Twp. _____ N Rng. _____ <input type="checkbox"/> E <input type="checkbox"/> W	LAND GRANT	COUNTY	Was drilling location moved up to fifty feet (50') from the approved location? (If yes, attach map per 10 CSR 50-2.030(3)(C)) <input type="checkbox"/> Yes <input type="checkbox"/> No
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LOCATION OF VERTICAL WELL (NAD83, DECIMAL DEGREES)		LOCATION OF HORIZONTAL WELL TERMINUS (NAD83, DECIMAL DEGREES)	
Latitude	Longitude	Latitude	Longitude

DATE SPUNDED	DATE TOTAL DEPTH REACHED	DATE COMPLETED READY TO PRODUCE OR INJECT	CURRENT STATUS OF WELL <input type="checkbox"/> Active <input type="checkbox"/> Shut-in (complete) <input type="checkbox"/> Shut-in (incomplete)
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PRODUCTION OR INJECTION STRATUM FOR THIS COMPLETION OR RECOMPLETION (USE MISSOURI NOMENCLATURE)

TYPE OF ELECTRIC OR OTHER LOGS RAN  
 Log(s) on file     Log(s) attached

**WELL AND WELLHEAD CONSTRUCTION**

Type of Well Completion     Perforated casing     Open hole    Open hole depth interval: from \_\_\_\_\_ FT. to \_\_\_\_\_ FT.

Casing Information

Casing Type	Borehole Diameter	Casing Depth	Casing Diameter	Weight Per Foot	Full Length Cement
					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)
					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)
					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)

Tubing Information

TUBING DIAMETER IN.	TUBING DEPTH FT.	PACKER DEPTH FT.	PACKER DIAMETER IN.	PACKER TYPE	ANTI-CORROSIVE ANNULAR FLUID

Perforation Information

Perforation Top	Perforation Bottom	Perforation Type	Perforation Diameter	Perforation Width	Perforation Length	Perforations Per Foot	Geologic Stratum Name (use Missouri nomenclature)
		<input type="checkbox"/> Round <input type="checkbox"/> Slotted					
		<input type="checkbox"/> Round <input type="checkbox"/> Slotted					
		<input type="checkbox"/> Round <input type="checkbox"/> Slotted					

Liner Information

LINER COMPOSITION	CEMENTED	DIAMETER	LINER - DEPTH TO TOP	LINER - DEPTH TO BOTTOM	PERFORATED	DEPTH TO TOP OF PERFORATIONS	DEPTH TO BOTTOM OF PERFORATIONS
<input type="checkbox"/> PVC <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	IN.	FT.	FT.	<input type="checkbox"/> Yes <input type="checkbox"/> No	FT.	FT.

<b>Well Stimulation (Attach Ticket)</b>					
STIMULATION TYPE <input type="checkbox"/> Acidize <input type="checkbox"/> Explosive <input type="checkbox"/> Hydraulic Fracture		MATERIAL USED			AMOUNT <input type="checkbox"/> barrels <input type="checkbox"/> gallons <input type="checkbox"/> pounds
<b>Cement Squeeze (Attach Ticket)</b>					
SACKS OF CEMENT		SQUEEZE DEPTH INTERVAL TOP FT.	SQUEEZE DEPTH INTERVAL BOTTOM FT.	DATE OF SQUEEZE	
<b>INITIAL PRODUCTION</b>					
DATE OF FIRST PRODUCTION OR INJECTION		PRODUCTION METHOD ( IF PUMPING, SHOW SIZE AND TYPE OF PUMP) <input type="checkbox"/> Flowing <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	TUBING PRESSURE	CASING PRESSURE	
OIL PRODUCED DURING TEST BBLs	GAS PRODUCED DURING TEST MCF	WATER PRODUCED DURING TEST BBLs	OIL GRAVITY API	CALCULATED RATE OF PRODUCTION PER 24 HRS Oil _____ BBLs Gas _____ MCF Water _____ BBLs	
GAS/OIL RATIO	WATER/OIL RATIO	WATER/GAS RATIO	TREATMENT OF PRODUCED GAS <input type="checkbox"/> Vented <input type="checkbox"/> Used for fuel <input type="checkbox"/> Sold <input type="checkbox"/> Other _____		
METHOD OF DISPOSAL OF MUD PIT CONTENTS					
COMMENTS					
<b>INFORMATION REQUIRED FOR SUBMISSION</b>					
<p>The construction of this well must comply with the specification set forth in the Missouri Code of State Regulations Oil and Gas Council Rules, specifically 10 CSR 50-2.040 and 10 CSR 50-2.050. All requested information, including information requested/required by the permit to drill or modify application associated with this well, must be submitted with this form. This information may include but is not limited to the following:</p> <ul style="list-style-type: none"> <li>• Driller's log</li> <li>• Drilling time logs</li> <li>• E-logs</li> <li>• Radioactive logs</li> <li>• Lithologic log</li> <li>• Cuttings on five foot interval</li> <li>• Drill core</li> <li>• Water samples</li> <li>• Core analysis</li> <li>• Drill stem test</li> <li>• Directional survey for horizontal wells</li> <li>• Other information as required</li> </ul>					
<b>CERTIFICATION</b>					
<p>I, the undersigned, certify that:</p> <ul style="list-style-type: none"> <li>• I am authorized to act as an agent for the applicant of this well.</li> <li>• The information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge.</li> </ul>					
PRINT NAME		TITLE	COMPANY		
PRIMARY PHONE NUMBER WITH AREA CODE		EMAIL ADDRESS			
SIGNATURE				DATE	