



# WELL COMPLETION OR RECOMPLETION REPORT - FORM 6

INDUSTRIAL COMMISSION OF NORTH DAKOTA  
 OIL AND GAS DIVISION  
 600 EAST BOULEVARD DEPT 405  
 BISMARCK, ND 58505-0840  
 SFN 2468 (04-2010)

Well File No.

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.  
 PLEASE SUBMIT THE ORIGINAL AND ONE COPY.

Designate Type of Completion					
Oil Well	EOR Well	Recompletion	Deepened Well	Added Horizontal Leg	Extended Horizontal Leg
Gas Well	SWD Well	Water Supply Well	Other:		
Well Name and Number			Spacing Unit Description		
Operator		Telephone Number		Field	
Address			Pool		
City	State	Zip Code	Permit Type Wildcat                      Development                      Extension		

### LOCATION OF WELL

At Surface		Qtr-Qtr		Section	Township	Range	County
F	L	F	L		N	W	
Spud Date	Date TD Reached	Drilling Contractor and Rig Number		KB Elevation (Ft)	Graded Elevation (Ft)		
Type of Electric and Other Logs Run (See Instructions)							

### CASING & TUBULARS RECORD (Report all strings set in well)

Well Bore	String Type	String Size (Inch)	Top Set (MD Ft)	Depth Set (MD Ft)	Hole Size (Inch)	Weight (Lbs/Ft)	Anchor Set (MD Ft)	Packer Set (MD Ft)	Sacks Cement	Top of Cement

### PERFORATION & OPEN HOLE INTERVALS

Well Bore	Well Bore TD Drillers Depth (MD Ft)	Completion Type	Open Hole/Perforated Interval (MD,Ft)		Kick-off Point (MD Ft)	Top of Casing Window (MD Ft)	Date Perf'd or Drilled	Date Isolated	Isolation Method	Sacks Cement
			Top	Bottom						

### PRODUCTION

Current Producing Open Hole or Perforated Interval(s), This Completion, Top and Bottom, (MD Ft)							Name of Zone (If Different from Pool Name)				
Date Well Completed (SEE INSTRUCTIONS)			Producing Method		Pumping-Size & Type of Pump			Well Status (Producing or Shut-In)			
Date of Test	Hours Tested	Choke Size <b>/64</b>	Production for Test		Oil (Bbls)	Gas (MCF)	Water (Bbls)	Oil Gravity-API (Corr.)	Disposition of Gas		
Flowing Tubing Pressure (PSI)		Flowing Casing Pressure (PSI)			Calculated 24-Hour Rate	Oil (Bbls)	Gas (MCF)	Water (Bbls)	Gas-Oil Ratio		



**Well Specific Stimulations**

Date Stimulated	Stimulated Formation	Top (Ft)	Bottom (Ft)	Stimulation Stages	Volume	Volume Units
Type Treatment	Acid %	Lbs Proppant	Maximum Treatment Pressure (PSI)		Maximum Treatment Rate (BBLs/Min)	
Details						
Date Stimulated	Stimulated Formation	Top (Ft)	Bottom (Ft)	Stimulation Stages	Volume	Volume Units
Type Treatment	Acid %	Lbs Proppant	Maximum Treatment Pressure (PSI)		Maximum Treatment Rate (BBLs/Min)	
Details						
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Date Stimulated	Stimulated Formation	Top (Ft)	Bottom (Ft)	Stimulation Stages	Volume	Volume Units
Type Treatment	Acid %	Lbs Proppant	Maximum Treatment Pressure (PSI)		Maximum Treatment Rate (BBLs/Min)	
Details						

**ADDITIONAL INFORMATION AND/OR LIST OF ATTACHMENTS**

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I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records.	Email Address		Date
	Signature	Printed Name	Title

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1. This report shall be filed by the operator with the Commission immediately after the completion of a well in an unspaced pool or reservoir. Please refer to Section 43-02-03-31 of the North Dakota Administrative Code (NDAC).
2. This report shall be filed by the operator with the Commission within thirty (30) days after the completion of a well, or recompletion of a well in a different pool. Please refer to Section 43-02-03-31 NDAC.
3. The well file number, operator, well name and number, field, pool, permit type, well location(s), and any other pertinent data shall coincide with the official records on file with the Commission. If it does not, an explanation shall be given.
4. If a parasite string was used in the drilling of a well, the size, depth set, cement volume used to plug, and the date plugged shall be included. This information may be included in the "Additional Information" portion of the report or included as an attachment.
5. In the "Perforation & Open Hole Intervals" table, each borehole should be identified in the "Well Bore" column (vertical, sidetrack 1, lateral 1, etc.). On horizontal or directional wells, the following information shall be entered in the table if applicable: pilot hole total depth, kick-off point, casing windows, original lateral total depth, and all sidetracked interval starting and ending footages.
6. In the "Production" section, list all the current producing open hole or perforated intervals associated with the production rates reported. Oil, gas, and water rates and recoveries from perforations or laterals tested but not included in the completion should be included in the "Additional Information" portion of the report or included as an attachment.
7. In The "Date Well Completed" portion of the form please report the appropriate date as follows:
  - An oil well shall be considered completed when the first oil is produced through wellhead equipment into tanks from the ultimate producing interval after casing has been run.
  - A gas well shall be considered complete when the well is capable of producing gas through wellhead equipment from the ultimate producing zone after casing has been run.
  - For EOR or SWD wells, please report the date the well is capable of injection through tubing and packer into the permitted injection zone. Also, please report the packer type and depth and the tubing size, depth, and type. The packer and tubing type may be included in the "Additional Information" portion of the report.
8. The top of the Dakota Formation shall be included in the "Geological Markers."
9. Stimulations for laterals can be listed as a total for each lateral.
10. The operator shall file with the Commission two copies of all logs run. Logs shall be submitted as one digital TIFF (tagged image file format) copy and one digital LAS (log ASCII) formatted copy, or a format approved by the Director. In addition, operators shall file two copies of drill stem test reports and charts, formation water analyses, core analyses, geologic reports, and noninterpretive lithologic logs or sample descriptions if compiled by the operator.
11. A certified copy of any directional survey run shall be filed directly with the Commission by the survey contractor.
12. The original and one copy of this report shall be filed with the Industrial Commission of North Dakota, Oil and Gas Division, 600 East Boulevard, Dept. 405, Bismarck, ND 58505-0840.