

**WELL DRILLING AND COMPLETION REPORT**



PRINT OR TYPE IN BLACK INK For instructions on completing this form, visit the Division's website at [www.dec.ny.gov/energy/205.html](http://www.dec.ny.gov/energy/205.html) or contact your local Regional office.

FOR DEPARTMENT USE ONLY										
Reviewed by _____			Date _____			Well Type _____				
WELL NAME AND NUMBER					API WELL IDENTIFICATION NUMBER 3   1   -       -       -					
WELL OWNER (Full Name of Organization or Individual as registered with the Division)										
TYPE OF REPORT <input type="checkbox"/> Interim <input type="checkbox"/> Final			TYPE OF WELL <input type="checkbox"/> New <input type="checkbox"/> Existing			TYPE OF WELL BORE <input type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal				
If the well is directional or sidetrack, also submit a complete directional survey										
TYPE OF OPERATION <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert			WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify)							
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify)					TYPE OF COMPLETION <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify)					
7½ MINUTE QUAD NAME					QUAD SECTION					
LOCATION DESCRIPTION Surface    0'    0' Top of Target Interval Bottom of Target Interval Bottom Hole TVD    TMD			DECIMAL LATITUDE (NAD83) _____._____._____ _____._____._____ _____._____._____			DECIMAL LONGITUDE (NAD83) _____._____._____._____ _____._____._____._____ _____._____._____._____				
PRODUCING FORMATION(S)			DEEPEST FORMATION PENETRATED			DRILLING CONTRACTOR(S)				
For vertical wells, use TMD to record depths										
COUNTY			DATE DRILLING COMMENCED Month    Day    Year			DRILLING WITH CABLE TOOLS (TMD) From    ft. to    ft.				
TOWN			DATE DRILLING COMPLETED Month    Day    Year			DRILLED WITH ROTARY TOOLS (TMD) From    ft. to    ft.				
FIELD/POOL NAME			DATE FINAL COMPLETION/RECOMPLETION Month    Day    Year			ROTARY DRILLING FLUID <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Mud				
DRILLER'S TD (ft.) _____._____._____._____._____._____._____._____._____._____. TVD    TMD		LOGGER'S TD (ft.) _____._____._____._____._____._____._____._____._____._____. TVD    TMD		PLUG BACK TO (ft.) _____._____._____._____._____._____._____._____._____._____. TVD    TMD		KICKOFF DEPTH (ft.) _____._____._____._____._____._____._____._____._____._____. TMD		ELEV. (ft.) <input type="checkbox"/> Topo. <input type="checkbox"/> Survey DATUM (ft.) <input type="checkbox"/> DF <input type="checkbox"/> KB <input type="checkbox"/> GL		
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-8-15) to show the details of the plug back										
LIST ALL WIRELINE LOGS RUN – SUBMIT TWO (2) COPIES OF EACH <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input type="checkbox"/> Other (Specify)						WELL CORED <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional				
						CUTTINGS COLLECTED FOR STATE <input type="checkbox"/> No <input type="checkbox"/> Yes				
CASING PROGRAM	CASING STRINGS		HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)			
	Drive Pipe or Conductor						CASING	CENTRALIZERS	BASKETS	
	Surface or Water									
	Intermediate									
	Production									
Liners										
CEMENT DATA	CEMENT DATA		CLASS/TYPE OF CEMENT		NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. <sup>3</sup> /sx)	VOLUME (ft. <sup>3</sup> )	CEMENT TOP (TMD)	W.O.C. (hrs.)
	Drive Pipe or Conductor									
	Surface or Water									
	Intermediate									
	Production									
Liners										
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable pursuant to Section 210.45 of the Penal Law.										
Printed or Typed Name of Authorized Representative _____										
Signature _____			Title _____			Date _____				

WELL NAME AND NUMBER				API WELL IDENTIFICATION NUMBER							
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P R E C O M P L E T I O N  T E S T	TYPE OF TEST (dst, bail, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA						
		ft. to	ft.								
		ft. to	ft.								
		ft. to	ft.								
C O M P L E T I O N  D A T A	COMPLETION EQUIPMENT: List tubing, packer, rods, pumps, bridges, etc.; note sizes and depths						WELL COMPLETED OPEN HOLE (TMD)				
							ft. to ft.				
	PERFORATED INTERVALS (TMD)			NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued			NO. OF SHOTS		
	ft. to	ft.			ft. to	ft.					
	ft. to	ft.			ft. to	ft.					
	ft. to	ft.			ft. to	ft.					
S T I M U L A T I O N  D A T A	ZONES TREATED (TMD)			DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.							
	ft. to	ft.									
	ft. to	ft.									
	ft. to	ft.									
	ft. to	ft.									
	ft. to	ft.									
P R O D U C T I O N  T E S T	FORMATION TESTED			GAS TEST <input type="checkbox"/> Open Flow		OIL TEST		INITIAL SHUT-IN PRESSURE			
				<input type="checkbox"/> Build Up <input type="checkbox"/> Drawdown		<input type="checkbox"/> Pump <input type="checkbox"/> Flow		Surface _____ psi.			
								Bottom Hole _____ psi.			
	DURATION OF TEST hrs.	FLOWING TEST DATA		Choke in.	Tubing psi	Casing psi	S.I. Tubing psi	S.I. Casing psi	S.I. Time hrs.		
	PRODUCTION Oil bpd	Water bpd	Gas mcfpd	GAS MEASURED BY			TESTING START DATE				
				<input type="checkbox"/> Orifice <input type="checkbox"/> Pitot <input type="checkbox"/> Estimated							
U N C O N S O L I D A T E D  R E C O R D  O F  F O R M A T I O N S  B E D R O C K  P E N E T R A T E D	DEPTH IN FEET (TVD)	DEPTH IN FEET (TMD)	FORMATION NAME	DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER BRINE, OIL AND GAS							
	0	0	-----	<b>Ground Surface (Elevation)</b>							