



WELL COMPLETION RECORD (Form 8)

DOG RM 5607 (REV 102012)

This report is due in duplicate 60 days after completion of the well. If the permit has expired and the well was not drilled, check the box below, sign on reverse side (Back), and return to our office within 30 days after expiration.

1. Owner #:		3. API #:	
2. Owner name, address and telephone numbers: Telephone No.:		4. Type of Permit:	
		5. County:	
8. Type of Well:		6. Civil Township:	
		7. Footage:	
9. X:	Y:	21. Date drilling commenced:	
10. Quad:		22. Date drilling completed:	
11. Section:	12. Lot:	23. Date put into production:	
13. Fraction:	14. Qtr. Twp:	24. Date plugged, if dry:	
15. Tract:		25. Producing formation:	
16. Allot:		26. Deepest formation:	
17. Well #:		27. Driller's total depth:	
18. Lease Name:		28. Logger's total depth:	
19. PTD:	20. Drilling unit:	29. Lost hole at ___ feet.	
30. Type of tools: <input type="checkbox"/> Cable <input type="checkbox"/> Fluid Rotary		31. Type of completion: <input type="checkbox"/> Open Hole <input type="checkbox"/> Through Casing <input type="checkbox"/> Slotted Liner	
		32. Elevation: Ground Level _____ Derrick Floor _____ Kelly Bushing _____	
33. Perforated intervals and number of shots:			
34. Name of Frac Company:			
35. Method of shot, acid, or fracture treatments, production tests, pressures, etc.:			
SHOT:	ACID:	FRAC FLUIDS:	SAND: PRESSURES (psi):
Lbs. _____	Gals. _____	Water (gals) _____	Lbs. _____ Breakdown _____
Qts. _____	Type _____	Water (bbl) _____	Sks. _____ ATP _____
Type _____	Percent _____	CO2 (tons) _____	ISIP _____
			5 min. SIP _____
			Avg. Rate _____
METHOD OF FLUID CONTAINMENT			
FLUIDS:	PIT	FRAC TANK	DATE TREATED:
Swab <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Well Stimulation Additives Report (Form 8B) Attached
Flowback <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stimulation Information Reported to FracFocus.
36. Amount of initial production per day:		(MCF)	(Bbls) (Bbls)
Natural:	Gas _____	Oil _____	Brine _____
After Treatment:	Gas _____	Oil _____	Brine _____
SERC Data:	Number of Tanks: _____	Maximum Storage Capacity of all Tanks (bbls.) _____	
37. Casing and tubing record:			
Type	Wellbore Diameter	Casing Size	Feet Installed
			Amount of Cement (Sacks)
			Feet Left in Well
			Number of Centralizers
Conductor/Drive Pipe: _____			
Surface: _____			
<input type="checkbox"/> Attach Form 8A (Surface Hole Additives Report)			
Intermediate: _____			
Production: _____			
Tubing: _____			
Other: _____			
38. Name of drilling contractor:			
39. Type of electrical and/or wireline logs run: (all logs must be submitted)			
40. Name of logging company:			
DIVISION USE ONLY			
Log Submitted:	Yes/No	FRAC DATA SUBMITTED:	Well Class: _____
Confidential:	Yes/No	Pressure/Rate Graph <input type="checkbox"/>	
		Record <input type="checkbox"/>	
		Invoice <input type="checkbox"/>	



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FORMATION	TOP	BASE	Shows of oil, gas, fresh water, or brine; indicate depth or interval	REMARKS
Fresh water Strata				
Glacial Deposits				
Coal Seams				
1st Cow Run				
Buell Run				
2nd Cow Run				
Salt Sand				
Maxton Sand				
Keener Sand				
Big Injun Sand				
Squaw Sand				
Mississippian Shale				
Weir Sand				
Berea Sand				
Bedford Shale				
2- Berea				
Ohio Shale				
Gantz				
Thirty Foot				
Gordon				
Cinnamon				
Rhinestreet				
Marcellus				
Big Lime				
Sylvania				
Oriskany				
Bass Island				
Salina				
Salt Section				
Newburg				
Lockport				
Little Lime				
Packer Shell				
Stray Clinton				
Red Clinton				
White Clinton				
Medina				
Queenston				
Utica				
Point Pleasant				
Trenton				
Black River				
Gull River				
Glenwood Shale				
Knox Unconformity				
Beekmantown				
Rose Run				
Trempealeau/Copper Ridge				
"B" Zone				
Krysik				
Kerbel				
Conasauga				
Rome				
Mt. Simon				
Granite Wash				
Middle Run				
Granite				
I certify that the above information is true and correct, to the best of my knowledge:				
_____		_____		
(SIGNATURE)		(DATE)		
_____		_____		
(NAME TYPED OR PRINTED)		(TITLE)		

(REPRESENTING)				