



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER RESOURCES
 TENNESSEE OIL AND GAS PROGRAM
 711 R. S. GASS BLVD.
 NASHVILLE, TENNESSEE 37216

WELL PERMIT NO. _____

API Well No. _____
Field Name _____
CSD CLASS _____
(FOR STATE USE ONLY)

WELL HISTORY, WORK SUMMARY, AND COMPLETION OR RECOMPLETION REPORT

COMPLETE AND FILE WITHIN 30 DAYS FROM THE DATE TOTAL DEPTH IS REACHED FOR EACH WELL DRILLED

WELL IDENTIFICATION Permit No. _____ Operator: _____ Farm Name: _____ Well No. _____		INITIAL PRODUCTION Oil (BBL/Day): _____ <input type="checkbox"/> Pumping <input type="checkbox"/> Natural Gas (MCF/Day): _____ <input type="checkbox"/> Flowing <input type="checkbox"/> After Treatment Water (BBL/Day): _____ GOR _____ Hours Tested: _____ Choke Size: _____ Pressure Tubing: _____ <input type="checkbox"/> Shut-In <input type="checkbox"/> Flowing Casing (in psi): _____ <input type="checkbox"/> Shut-In <input type="checkbox"/> Flowing Disposition of Gas: <input type="checkbox"/> Vented <input type="checkbox"/> Fuel <input type="checkbox"/> Sold Oil Gravity (*API): _____																																	
TYPE OPERATION (Check One) New Well: <input type="checkbox"/> Work over: <input type="checkbox"/> Deepening: <input type="checkbox"/>	LOCATION 7 1/2' quad _____ County _____ Carter Coordinates _____ (Section) S \ Quad / E Footage from Section Lines: From S Line _____ From W Line _____ Lat: _____ Long: _____	PRODUCING INTERVAL <table border="1"> <thead> <tr> <th>Formation Name(s)</th> <th>Interval(s)</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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Formation Name(s)	Interval(s)																														
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ELEVATION _____ (D.F.) _____ (Ground) _____ (K.B.)		WELL TREATMENT (Check Applicable Boxes) <table border="1"> <thead> <tr> <th></th> <th>In open hole</th> <th>Thru perforation</th> </tr> </thead> <tbody> <tr> <td>Shot _____ qts. _____ interval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shot _____ qts. _____ interval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acid _____ gals. _____ interval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acid _____ gals. _____ interval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fracture: _____ gals. _____ interval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____ lbs/Sand</td> <td></td> <td></td> </tr> <tr> <td>Fracture: _____ gals. _____ interval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____ lbs/Sand</td> <td></td> <td></td> </tr> </tbody> </table>			In open hole	Thru perforation	Shot _____ qts. _____ interval	<input type="checkbox"/>	<input type="checkbox"/>	Shot _____ qts. _____ interval	<input type="checkbox"/>	<input type="checkbox"/>	Acid _____ gals. _____ interval	<input type="checkbox"/>	<input type="checkbox"/>	Acid _____ gals. _____ interval	<input type="checkbox"/>	<input type="checkbox"/>	Fracture: _____ gals. _____ interval	<input type="checkbox"/>	<input type="checkbox"/>	_____ lbs/Sand			Fracture: _____ gals. _____ interval	<input type="checkbox"/>	<input type="checkbox"/>	_____ lbs/Sand							
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TOTAL DEPTH Driller's Log: _____ Geophysical Log: _____		CASING RECORD <table border="1"> <thead> <tr> <th>SIZE</th> <th>DEPTH</th> <th>SKS CEMENT</th> <th>CSG PULLED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		SIZE	DEPTH	SKS CEMENT	CSG PULLED																												
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OPERATIONAL DATES Date Commenced: _____ Date Drilling: _____ Date Completed: _____ Date Placed In Operation _____ Date Plugged: _____ (IF DRY HOLE) (IF PRODUCING, INJECTION, ETC.) Date Shut-In: _____ (IF SHUT-IN OR OTHER TEMPARILY SUSPENDEED OPERATION)		DRILLING METHOD <table border="1"> <thead> <tr> <th>Cable Tools</th> <th>Rotary Tools</th> </tr> </thead> <tbody> <tr> <td>from _____ to _____ (Depths)</td> <td>Conventional from _____ to _____ (Depths)</td> </tr> <tr> <td>Air</td> <td>from _____ to _____ (Depths)</td> </tr> <tr> <td>Contractor(s): _____</td> <td>_____</td> </tr> <tr> <td>Address _____</td> <td>_____</td> </tr> </tbody> </table>		Cable Tools	Rotary Tools	from _____ to _____ (Depths)	Conventional from _____ to _____ (Depths)	Air	from _____ to _____ (Depths)	Contractor(s): _____	_____	Address _____	_____																						
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TYPE(S) OF GEOPHYSICAL LOGS RUN: (Electrical Induction, Sonic, Gamma Ray, Neutron, Density, etc.) <div style="border: 1px solid black; height: 80px; width: 100%;"></div>																																			

TYPE OF COMPLETION

		Shut In	Producing
Dry Hole	<input type="checkbox"/>	n/a	n/a
Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pressure Maintenance or Secondary Recovery

Water Injection

Gas Injection

Gas Storage:

Injection-Extraction

Observation

SERVICE WELL

Saltwater Disposal

Water Supply

Observation Well

Other:

(If other describe type)

NONCOMERCIAL SHOWS OF OIL AND GAS

Interval <small>(Depth-Top Base)</small>	Formation	Remarks <small>(Show of oil and/or gas, full up tests, Dist's. Corps, ETC.)</small>

FORMATION RECORD

From	To	Rock Type <small>(Describe rock types and other materials penetrated and record occurrences of oil, gas and water from surface to total depth)</small>	From	To	Rock Type <small>(Describe rock types and other materials penetrated and record occurrences of oil, gas and water from surface to total depth)</small>

Permit Operator Signature: _____

Affidavit

State of _____ Title _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____

Notary Public Signature