

STATE OF WYOMING
OIL AND GAS CONSERVATION COMMISSION

P. O. Box 2640
Casper Wyoming 82602

9. API WELL NO.

12. COUNTY

13. STATE

Wyoming

WELL COMPLETION OR RECOMPLETION REPORT AND LOG (SUBMIT SINGLE, DUPLICATE ON STATE LAND)

5. STATE LEASE SERIAL NO.

7. UNIT OR COMMUNITIZATION AGREEMENT

1a. Type of Well [] Oil Well [] Gas Well [] Dry [] CBM Other:
b. Type of Completion [] New Well [] Workover [] Deepen [] Plug Back [] Diff. Resvr.
[] Initial [] Final Other

2. Name of Operator

8. FARM OR LEASE NAME

3. Address 3a. Phone No. (include area code)
Email:

8a. WELL No.

4. Location of Well: (Report location clearly and in accordance with WOGCC requirements with footages and qtr. qtrs., Section, Township and Range)

10. FIELD NAME

At surface Lat. Lon.
Top prod. Int. TVD MD Lat.(MD) Long.

11. SEC. T, R, M, OR BLOCK AND SURVEY OR AREA T R

At total depth TVD MD Lat.(MD) Long.

36. MULTIPLE COMPL.? DOCKET OR AA. DATE:

14. Date Spudded: 15. Date T.D. Reached: 16. Date Completed:
D & A [] Ready to Prod.

17. ELEVATIONS (DF, RKB, RT, GR, etc.)* KB

18. Total Depth: MD TVD 19. Plug back T.D.: MD TVD 20. Depth Bridge Plug Set: MD (Requires Prior Approval) TVD

21. Type Electric & other Logs Run (Submit 1 copy and 1 LAS of each), Cased and Open Hole, Btm Hole Press Survey

22. Was well cored? [] No [] Yes (Submit analysis)
Was DST run? [] No [] Yes (Submit report)
Directional Survey? (Required on all non-vertical) [] No [] Yes (Submit copy, w/ cert.)

23. Casing and Liner Record: (Report all strings set or run)

Table with 10 columns: Hole Size, Size/ Grade, Wt. (#/ft.), Top (MD), Bottom(MD), Stage Cementer Depth, No. of Sks. & Type of Cement, Slurry Vol. (Bbl), Cement Top*, Amount Pulled

24. Tubing Record:

Table with 9 columns: Size, Depth Set (MD), Packer Depth (MD), Size, Depth Set (MD), Packer Depth (MD), Size, Depth Set (MD), Packer Depth (MD)

25. Producing Intervals:

Table with 4 columns: Formation, Top, Bottom

26. Perforation Record:

Table with 5 columns: Perforated Interval, Size, No. of Holes, Perf. Status

27. Acid,Fracture Treatment, Cement Squeeze, Etc. (Each Require Prior Approval)

Table with 12 columns: Depth Interval (Top, Bottom), Stim Type, Date, Co., Amt Fluid, Type, Secondary Fluid, Type, Prop Vol, Type, Min PSI, Max PSI

Summary: Total Frac Stages: Total Slurry (bbls): Total Proppant (lbs):

28. Production- Interval A 25. Formation: Productive Interval:

Table with 10 columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil Bbl, Gas MCF, Water Bbl, Oil Gravity Corr. API, Gas Gravity, Flowback Disposal

* See instructions and spaces for additional data on page 2

28a. Production- Interval B		25. Formation:			Productive Interval: -				
Date First Produced	Test Date	Hours Tested	Test Production	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Flowback Disposal
			→						
Choke Size	Tbg.Press Flwg.	Csg Press.	24 Hr. Rate	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Res. Press.	Well Status
			→						
28b. Production- Interval C		25. Formation:			Productive Interval: -				
Date First Produced	Test Date	Hours Tested	Test Production	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Flowback Disposal
			→						
Choke Size	Tbg.Press Flwg.	Csg Press.	24 Hr. Rate	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Res. Press.	Well Status
			→						
28c. Production- Interval D		25. Formation:			Productive Interval: -				
Date First Produced	Test Date	Hours Tested	Test Production	Oil Bbl	Gas MCF	Water Bbl	Oil Gravity Corr. API	Gas Gravity	Flowback Disposal
			→						
Choke Size	Tbg.Press Flwg.	Csg Press.	24 Hr. Rate	Oil Bbl	Gas MCF	Water Bbl	Gas: Oil Ratio	Res. Press.	Well Status
			→						
29. Disposition of Gas (Sold, used for fuel, vented, etc.)				Test Witness:					
30. Summary of Porous Zones (include Aquifers): Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.						31. Formation (Log) Markers:			
Formation:	Top:	Bottom:	Descriptions Contents, Etc.			Name:		Depth (Measured):	
32. Additional remarks; include plugging procedure (Req. prior approval):									
33. Indicate which items have been attached by placing a check in the appropriate boxes:									
<input type="checkbox"/> Electrical/ Mechanical Logs (1 full set) Cased & Open hole.			<input type="checkbox"/> Geologic Report			<input type="checkbox"/> DST Report		<input type="checkbox"/> Directional Survey w/ Certification	
<input type="checkbox"/> Sundry Notice for plugging and cementing			<input type="checkbox"/> Core Analysis			<input type="checkbox"/> Press. Survey		<input type="checkbox"/> Other: _____	
34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*									
Name (please print) _____					Title _____				
Signature _____					Date _____				

INSTRUCTIONS

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys should be attached hereto, to the extent required by applicable Federal and or State laws and regulations. All attachments should be listed on this form, see space 33.

Space 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Please note all Lat./ Longs. In NAD 83. Calculate all "Top of Producing Intervals" and "BHL" first as distance from the section corner, second as the Lat. /Long. Spacing orders are based on a well location in a section. Well locations must match the surveyed footages.

Space 17: Indicate elevation used for depth measurements given in other spaces on this form and in any attachments.

Space 23: " Sacks Cement " : Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

Spaces 25 and 28: If this well is completed for commingled production from more than one pool (multiple zone completion), state in space 25 and 26, and in space 25 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for the pools reported in space 28 through 28c. Submit a separate completion report on this form for each pool separately produced, (not commingled).

Space 27: If a well was fracture treated or stimulated, all data required in Chapter 3, Section 45 must be filed with this Completion Report.

Space 27: If a well was fracture treated or stimulated, provide Summary Data for # of Stages, Total Slurry, Total Proppant

Space 28: Provide well test data for each interval tested or stimulated and flowed.

Space 32: Provide frac **flowback disposal volumes and handling and disposal site.**

Space 32: Provide final annulus casing pressure.

Space 32 or Attachment: Provide all Stimulation Chemicals by Name, Type, Volumes and CAS #s.

Attach a wellbore diagram whenever possible.