

**COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS**

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Frankfort, KY 40601
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http://oilandgas.ky.gov



FOR OFFICIAL USE ONLY	
Bond No:	_____
UIC Permit No.:	_____

WELL RE-WORK REPORT

Brine Disposal Enhanced Recovery Hydrocarbon Storage

Well Owner/Operator: _____

Permanent Address: _____

State: _____ Street _____ City _____
Zip Code: _____ Phone: _____ E-mail: _____

Farm Name: _____ Well Number: _____ County: _____

Carter FNL FEL

Coordinates: FSL FWL SEC _____ LTR _____ NO. _____

Date Re-work Commenced: _____ Date Re-work Completed: _____

WELL CASING RECORD – BEFORE RE-WORK

CASING		CEMENT		PERFORATIONS		ACID OR FRACTURE TREATMENT RECORDS
Size	Depth	Sacks	Type	From	To	

WELL CASING RECORD – AFTER RE-WORK (Indicate Additions or Changes Only)

CASING		CEMENT		PERFORATIONS		ACID OR FRACTURE TREATMENT RECORDS
Size	Depth	Sacks	Type	From	To	

GEOPHYSICAL LOGS RAN	LOGGED INTERVALS

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

Authorized Agent: _____ Title: _____
Print Name

Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public
FORM ED-4 (8/07)