

Wyoming Oil Gas Conservation Commission

Operator Bottom Hole Location Certification Form

WOGCC

Operator: _____

Office Address: _____

Email Address: _____

Phone No. () _____

Ex. 49-xxx-xxxx

Well Name _____

Api No. _____

Well Surface Location:									
FNL/FSL	FWL/FEL	Lat.	Lon.	Datum	QQ	Sec.	Twn.	Rge	County

Top of Producing Interval									
FNL/FSL	FWL/FEL	Lat.	Lon.	Datum	QQ	Sec.	Twn.	Rge	County

Bottom of Producing Interval									
FNL/FSL	FWL/FEL	Lat.	Lon.	Datum	QQ	Sec.	Twn.	Rge	County

Well Bottom Hole Location									
FNL/FSL	FWL/FEL	Lat.	Lon.	Datum	QQ	Sec.	Twn.	Rge	County

I am authorized and qualified to review the Final Directional Survey data for this well and by my signature certify that the Bottom Hole Location represents a true and correct Bottom Hole Location of this well based on the Final Directional Survey Report corrected to True North as provided by _____; and that the Bottom Hole Location is in compliance with Wyoming Oil and Gas Conservation Commission rules and orders. The method of projection from the last directionally surveyed point to the Total Measured Depth is represented as the Bottom Hole Location is the straight line or other method.

Operator Representative Printed Name

Signature

Date Signed