

STATE OF ALASKA  
ALASKA OIL AND GAS CONSERVATION COMMISSION  
**REPORT OF SUNDRY WELL OPERATIONS**

1. Operations Performed:	Abandon <input type="checkbox"/>	Plug Perforations <input type="checkbox"/>	Fracture Stimulate <input type="checkbox"/>	Pull Tubing <input type="checkbox"/>	Operations shutdown <input type="checkbox"/>
	Suspend <input type="checkbox"/>	Perforate <input type="checkbox"/>	Other Stimulate <input type="checkbox"/>	Alter Casing <input type="checkbox"/>	Change Approved Program <input type="checkbox"/>
	Plug for Redrill <input type="checkbox"/>	Perforate New Pool <input type="checkbox"/>	Repair Well <input type="checkbox"/>	Re-enter Susp Well <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

2. Operator Name:	4. Well Class Before Work: Development <input type="checkbox"/> Stratigraphic <input type="checkbox"/>	5. Permit to Drill Number: 6. API Number: 50-
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7. Property Designation (Lease Number):	8. Well Name and Number:
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9. Logs (List logs and submit electronic and printed data per 20AAC25.071):	10. Field/Pool(s):
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11. Present Well Condition Summary:

Total Depth	measured _____ feet	Plugs	measured _____ feet	Junk	measured _____ feet
	true vertical _____ feet				
Effective Depth	measured _____ feet	Packer	measured _____ feet		
	true vertical _____ feet		true vertical _____ feet		

Casing	Length	Size	MD	TVD	Burst	Collapse
Structural						
Conductor						
Surface						
Intermediate						
Production						
Liner						

Perforation depth    Measured depth \_\_\_\_\_ feet

True Vertical depth \_\_\_\_\_ feet

Tubing (size, grade, measured and true vertical depth)    \_\_\_\_\_

Packers and SSSV (type, measured and true vertical depth)    \_\_\_\_\_

12. Stimulation or cement squeeze summary:

Intervals treated (measured):

Treatment descriptions including volumes used and final pressure:

13.	Representative Daily Average Production or Injection Data					
		Oil-Bbl	Gas-Mcf	Water-Bbl	Casing Pressure	Tubing Pressure
	Prior to well operation:					
Subsequent to operation:						

14. Attachments (required per 20 AAC 25.070, 25.071, & 25.283)	15. Well Class after work:
Daily Report of Well Operations <input type="checkbox"/>	Exploratory <input type="checkbox"/> Development <input type="checkbox"/> Service <input type="checkbox"/> Stratigraphic <input type="checkbox"/>
Copies of Logs and Surveys Run <input type="checkbox"/>	16. Well Status after work:
Printed and Electronic Fracture Stimulation Data <input type="checkbox"/>	Oil <input type="checkbox"/> Gas <input type="checkbox"/> WDSPL <input type="checkbox"/> GSTOR <input type="checkbox"/> WINJ <input type="checkbox"/> WAG <input type="checkbox"/> GINJ <input type="checkbox"/> SUSP <input type="checkbox"/> SPLUG <input type="checkbox"/>

17. I hereby certify that the foregoing is true and correct to the best of my knowledge.	Sundry Number or N/A if C.O. Exempt:
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Authorized Name: _____	Contact Name: _____
Authorized Title: _____	Contact Email: _____
Authorized Signature: _____	Contact Phone: _____
Date: _____	