



STATE OIL AND GAS BOARD OF ALABAMA

Report of Well Treatment*

Form OGB-6, Rev. 07/13 Permit Number 01 - - - - API Number

(File in triplicate) Chemically Treat Fracture Other

Name of Operator Address City State Zip

1. Well name and number 2. County

3. Well Location (actual surface) (give footage from nearest section or offshore tract lines) Section-Township-Range or Tract

4. Field (If wildcat, so state) 5. Pool

6. Person to contact regarding this form Phone number Fax number E-mail Address

WELL DATA

New well Producer Type of Well (oil, gas, Class II) Formation treated Interval(s) treated: Daily production (or injection) prior to treatment

RESULTS OF TREATMENT

Permission to treat well authorized by (Oil & Gas Board Agent) Date Date treatment was begun Date treatment was completed Treatment contractor Fracture gradient (psi/ft) Daily production (or injection) after treatment is Give full details of treatment*

*A separate form is required for each individual treatment.

Operation witnessed by Agent of the Board Yes No If yes, give name of Agent

Executed this the day of , 20 Signature

Before me, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this day of , 20

SEAL My commission expires Notary Public in and for County,