

API NO.
OTC PROD. UNIT NO.

Oil and Gas Conservation Division
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-521-2331
ogadmin@ocg.ok.gov



ORIGINAL
 AMENDED (Reason) _____

Rule 165:10-3-25

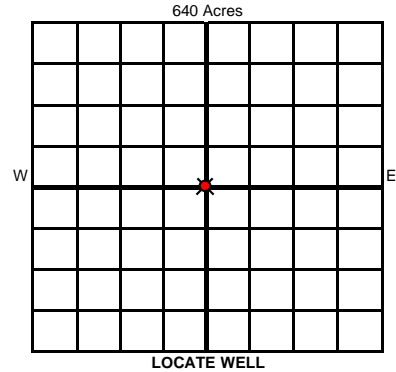
COMPLETION REPORT

TYPE OF DRILLING OPERATION

STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

If directional or horizontal, see reverse for bottom hole location.

COUNTY	SEC	TWP	RGE	SPUD DATE
LEASE NAME				DRLG FINISHED DATE
1/4 1/4 1/4 1/4				DATE OF WELL COMPLETION
ELEVATION Derrick FL				WELL NO.
Ground				1st PROD DATE
Latitude				RECOMP DATE
Longitude				OPERATOR NAME
OPERATOR NAME				OTC / OCC OPERATOR NO.
ADDRESS				
CITY			STATE	ZIP



COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE Application Date
<input type="checkbox"/> COMMINGLED Application Date
LOCATION EXCEPTION ORDER NO.
MULTIUNIT ORDER NO.
INCREASED DENSITY ORDER NO.

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE							
INTERMEDIATE							
PRODUCTION							
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ **TOTAL**
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ **DEPTH** _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION						
SPACING & SPACING ORDER NUMBER						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc						
PERFORATED INTERVALS						
ACID/VOLUME						
FRACTURE TREATMENT (Fluids/Prop Amounts)						

Min Gas Allowable (165:10-17-7)

OR

Oil Allowable (165:10-13-3)

Purchaser/Measurer _____

First Sales Date _____

INITIAL TEST DATA

INITIAL TEST DATE					
OIL-BBL/DAY					
OIL-GRAVITY (API)					
GAS-MCF/DAY					
GAS-OIL RATIO CU FT/BBL					
WATER-BBL/DAY					
PUMPING OR FLOWING					
INITIAL SHUT-IN PRESSURE					
CHOKE SIZE					
FLOW TUBING PRESSURE					

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

SIGNATURE _____	NAME (PRINT OR TYPE) _____	DATE _____	PHONE NUMBER _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____
			EMAIL ADDRESS _____

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

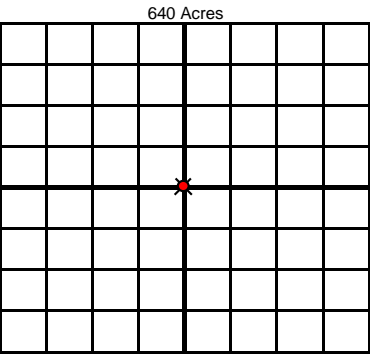
NAMES OF FORMATIONS	TOP

LEASE NAME _____ WELL NO. _____

FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED _____	DISAPPROVED _____
2) Reject Codes	

Were open hole logs run?	____ yes ____ no
Date Last log was run	_____
Was CO ₂ encountered?	____ yes ____ no at what depths? _____
Was H ₂ S encountered?	____ yes ____ no at what depths? _____
Were unusual drilling circumstances encountered?	____ yes ____ no
If yes, briefly explain below	

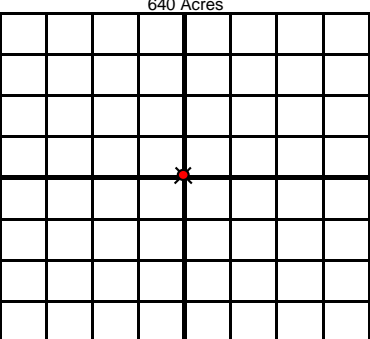
Other remarks: _____



If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line:

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length
		BHL From Lease, Unit, or Property Line:	

LATERAL #2

SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length
		BHL From Lease, Unit, or Property Line:	

LATERAL #3

SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length
		BHL From Lease, Unit, or Property Line:	