### WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

**DESIGNATE TYPE OF COMPLETION**

- New Well
- Temporary Abandon
- Work-Over
- Deepen
- Plug Back
- Same Reservoir
- Different Reservoir
- Oil
- Gas
- Dry

**DESCRIPTION OF WELL AND LEASE**

Operator: [Name]
Address & Phone No.: [Contact Information]

Federal, State or Indian Lease Number or name of lessor if fee lease:
- Well Number
- Field & Reservoir

Location:
- County

Sec. Township-Range or Block & Survey:

**Date spudded**
- Date total depth reached
- Date completed, ready to produce
- Elevation (DF, KB, RT or Gr.) feet
- Elevation of casing head flange feet
- Total depth
- P.B.T.D.
- Single, dual, or triple completion?

Rotary tools used (interval)
- Cable tools used (interval)

Was this well directionally drilled?
- Was directional survey made?
- Was copy of directional survey filed?
- Date filed

Type of electric or other logs run (check logs filed with the Commission)
- Date filed

**CASING RECORD**

Casing (report all strings set in well -- conductor, surface, intermediate, producing, etc.)

- Purpose
- Size hole drilled
- Size casing set
- Weight (lb./ft.)
- Depth set
- Sacks cement
- Amount pulled

**TUBING RECORD**

- Size
- Depth set
- Packer set at

**LINER RECORD**

- Size
- Top
- Bottom
- Sacks cement
- Screen (ft.)

**PERFORATION RECORD**

- Number per ft.
- Size & type
- Depth interval

**ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD**

- Amount & kind of material used
- Depth interval

**INITIAL PRODUCTION**

- Date of first production
- Producing method (indicate if flowing, gas lift or pumping -- if pumping, show size & type of pump)
- Date of test
- Hours tested
- Choke size
- Oil prod. during test bbls.
- Gas prod. during test MCF
- Water prod. during test bbls.
- Oil gravity *API
- Tubing pressure
- Casing pressure
- Calculated rate of production per 24 hrs. Oil bbls.
- Gas MCF
- Water bbls.
- Gas - oil ratio

**Disposition of gas (state whether vented, used for fuel or sold)**

**CERTIFICATE:**

I, the undersigned, under the penalty of perjury, state that I am the ________________ of the ________________ (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Date: ________________
Signature: ________________

**Mail completed form to:**
- Oil and Gas Program Administrator
- Arizona Department of Environmental Quality
- 1110 W. Washington Street
- Phoenix, AZ 85007
- e-mail completed form to: ogcc@azdeq.gov

**Permit No.** ________________

**STATE OF ARIZONA**

**OIL & GAS CONSERVATION COMMISSION**

Well Completion or Recompletion Report and Well Log

**File two copies:** one by mail, one electronically

Form No. ________________

12/2016
**DETAIL OF FORMATIONS PENETRATED**

<table>
<thead>
<tr>
<th>FORMATION</th>
<th>TOP</th>
<th>BOTTOM</th>
<th>DESCRIPTION</th>
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* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

**INSTRUCTIONS:**

Attach driller’s log or other acceptable log of well.

Operators shall submit this Well Completion or Recompletion report and well log(s) to the Oil and Gas Program Administrator, Arizona Oil & Gas Conservation Commission, c/o Arizona Department of Environmental Quality, 1110 W. Washington St., Phoenix, AZ 85007 not later than thirty days after completion, pursuant to A.A.C. R12-7-121.

Form No. 4