

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		Address & Phone No.			
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?	If this is a dual or triple completion furnish separate report for each completion		
Producing interval(s) for this 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

LINER RECORD

Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks cement	Screen (ft.)

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth interval	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. 4

DETAIL OF FORMATIONS PENETRATED

FORMATION	TOP	BOTTOM	DESCRIPTION *

* 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 drillers log or other acceptable log of well.

This Well Completion or Recompletion report and well log shall be filed with the Oil and Gas Program Administrator, Arizona Geological Survey, 416 W. Congress #100, Tucson, AZ 85701 not later than thirty days after completion pursuant to A.A.C. R12-7-121.