

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
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 http://minerals.nv.gov

ORIGINAL – Company
 DUPLICATE – Division
 TRIPLICATE – NBM&G

OIL AND GAS WELL COMPLETION REPORT

(To be filed not later than 15 days after well is completed/abandoned)

WELL LOCATION

Section _____
 Locate well correctly.

Company _____ Lease _____
 Address _____
 Well No. _____ in _____ 1/4 of _____ 1/4 of Sec. _____
 T. _____, R. _____ M.D.B.&M. Field _____
 UTM Northing _____ N; UTM Easting _____ E (NAD83 Datum)
 County _____ Permit Number _____
 Drilling Commenced _____ Completed _____
 Drilling Contractor _____
 Address _____
 Total Depth of Well _____
 Elevation above sea level in feet: Surface _____ KB _____
 Method determination _____

GEOLOGICAL FORMATIONS

	NAME	TOP	BOTTOM
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

	NAME	TOP	BOTTOM
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

GAS OR OIL SANDS AND OR ZONES

1. TOP _____ BOTTOM _____	5. TOP _____ BOTTOM _____
2. TOP _____ BOTTOM _____	6. TOP _____ BOTTOM _____
3. TOP _____ BOTTOM _____	7. TOP _____ BOTTOM _____
4. TOP _____ BOTTOM _____	8. TOP _____ BOTTOM _____

IMPORTANT WATER SANDS

Give data on rate of inflow and elevation to which water rose in hole. T.D. _____

1.	TOP _____	BOTTOM _____	REMARKS _____
2.	TOP _____	BOTTOM _____	REMARKS _____
3.	TOP _____	BOTTOM _____	REMARKS _____
4.	TOP _____	BOTTOM _____	REMARKS _____

RECORD OF DRILL STEM TESTS AND SPECIAL TESTS

(Submit reports on separate sheet showing depths, dates, duration of tests, results and attach hereto)

CASING RECORD

#	Size	Weight (lb) per foot	Make	Amount Set	Shoe	Perforated		Amount Pulled	Purpose
						From	To		
1									
2									
3									
4									
5									
6									

CEMENTING RECORD

	Size of hole	Size of casing	Where set	No. sacks of cement	Method used	CMT. Density	Yield Cement ft./sxs
1							
2							
3							
4							

RECORD OF SHOOTING OR CHEMICAL TREATMENT

	Size	Shell used	Explosive or chemical used	Quantity	Date	Depth Treated		Depth cleaned out
						From	To	
1								
2								
3								

PRODUCTION

Put on production _____, 20____. Time: _____ (a.m.) (p.m.)

FOR FLOWING WELL:

Flowing pressure on casing _____ lbs/sq.in.
 Flowing pressure on tubing _____ lbs/sq.in.
 Size of tubing _____ No. feet run _____
 Size of choke _____ Make choke _____

FOR PUMPING WELL:

Length of stroke used _____ inches
 Number strokes per minute _____
 Size of working barrel _____

FOR OIL WELL:

Production of first 24 hours was _____ barrels of fluid

 Percent water _____
 Percent sediment _____
 Percent emulsion _____
 Gas-oil ratio this well _____ (cu. ft. gas per barrel of oil)

FOR GAS WELL:

Cubic feet of gas first 24 hours _____
 Gallons of gasoline per MCF gas _____

LOGS AND ADDITIONAL RECORDS

	Type of Survey	Top	Bottom	Date	Company
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Attach to this record two (2) copies of all formational, electrical, radioactivity logs and deviation surveys.

I hereby certify that the information given herewith is a true, correct and complete record of this well and all work done on it so far as can be determined from the available records.

Name _____ Position _____
 Company/Operator _____
 Address _____ City _____ St. _____ Zip Code _____
 Date _____