

STATE OF NEVADA  
 COMMISSION ON MINERAL RESOURCES  
**DIVISION OF MINERALS**  
 400 W. King Street, Suite 106  
 Carson City, Nevada 89703  
 (775) 684-7040 | Fax (775) 684-7052

**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									

**OIL AND GAS WELL COMPLETION REPORT**  
**PAGE 2**

**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 \_\_\_\_\_ Address \_\_\_\_\_  
 Position \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Company or Operator \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_