

**APPLICATION FOR TUBINGLESS COMPLETION**

IN THE \_\_\_\_\_ FIELD

Date: \_\_\_\_\_ Serial No: \_\_\_\_\_

Field Name \_\_\_\_\_ Parish: \_\_\_\_\_ Dept. District: \_\_\_\_\_

Operator: \_\_\_\_\_

Well Name & No: \_\_\_\_\_

**1. This Application is for:**

- a. A proposed Well \_\_\_\_\_
- b. A well now being drilled \_\_\_\_\_
- c. A well now drilled to total depth \_\_\_\_\_

**2. The following facts are submitted:**

- a. Name of reservoir: \_\_\_\_\_
- b. Approximate top of pay section: \_\_\_\_\_
- c. Approximate bottom of pay section: \_\_\_\_\_
- d. Approximate perforations: \_\_\_\_\_
- e. Type of production (Oil or gas) \_\_\_\_\_
- f. Reservoir Pressure: \_\_\_\_\_ psig at \_\_\_\_\_ feet subsea.
- g. Reservoir pressure gradient: \_\_\_\_\_ psi per foot (from above).
- h. Anticipated method of production following initial completion (flowing or artificial life): \_\_\_\_\_
- i. Electric Log does not indicate any commercial productive sand above proposed top of cement.

**3. The following are attached:**

- a. Diagrammatic sketch of proposed tubingless completion installation.
- b. Plat showing location of well.

**4. Has the District Manager of the Conservation Department granted tubingless completion in this field prior to this application?** \_\_\_\_\_

**5. Does all geological and engineering data now available indicate that this well and/or pool contains limited reserves to the extent that a normal completion is not feasible from the standpoint of economics?**  
\_\_\_\_\_

**6. List of all other operators in the field where this well is located together with correct mailing addresses of each and evidence that each such operator has approved the tubingless completion applied for:**

**7. Is the fluid to be produced conducive to corrosion to the extent that any resulting corrosion will destroy the effective seal of the production casing during the producing life of this well?** \_\_\_\_\_

**8. If the answer to Item 7 above is "YES", what steps are proposed to combat or circumvent this corrosion problem?**

\_\_\_\_\_  
Operator

by: \_\_\_\_\_  
Operator Representative

Date Approved: \_\_\_\_\_ District Manager: \_\_\_\_\_

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**CERTIFICATE**

This is to certify that, to the best of my knowledge and belief, the information contained in this application is true and correct.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Representing : \_\_\_\_\_