



OFFICE OF CONSERVATION
WELL HISTORY AND WORK RESUME REPORT

FIELD •
SERIAL NUMBER •
PRODUCING INTERVAL (INJECTION PERFORATIONS) •
RESERVOIR (INJECTION ZONE)

Three type-written copies of this report must be filed with the District Office of the Office of Conservation in which the well is located within twenty (20) days of the date of completion. NOTE: If not properly completed and signed, this report will be returned.

CHECK APPROPRIATE BOXES <input type="checkbox"/> NEW WELL <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> P & A	<input type="checkbox"/> 31 INACTIVE DRY HOLE FUT. UTIL. <input type="checkbox"/> 32 INACTIVE DRY HOLE NO FUT. UTIL. <input type="checkbox"/> 36 INACTIVE WAITING ON PIPELINE <input type="checkbox"/> 37 INACTIVE WAITING ON MARKET	PRODUCT <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER	IF RECOMPLETION <input type="checkbox"/> SAME RESERVOIR <input type="checkbox"/> DIFFERENT RESERVOIR	DATE COMP., RECOMP., OR P&A (MM/DD/YYYY) •
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OPERATOR •	CODE •	ADDRESS (ADDRESS, CITY, STATE, ZIP CODE) •
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WELL NAME •	WELL NO. •
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PARISH •	• SEC TWP. RGE.	DATE PERMIT ISSUED (MM/DD/YYYY) •
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DATE SPUDDED	DATE READY TO PRODUCE*	TOTAL DEPTH (FT.) •	PBTD (FT.) •
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GROUND ELEVATION (FT.)	CASING HEAD FLANGE ELEVATION (FT.)	DISTANCE FROM RKB TO CHF (FT.)
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DATE WELL TURNED ON TANKS	SINGLE, DUAL, OR TRIPLE COMPLETION?	NOTE: IF THIS IS A MULTIPLE COMPLETION, FURNISH A SEPARATE REPORT FOR EACH COMPLETION.
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WELL WAS DIRECTIONALLY DRILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS DIRECTIONAL SURVEY MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE 3 COPIES FILED WITH THE OFFICE OF CONSERVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE FILED
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TYPE OF ELECTRICAL OR OTHER LOGS RUN (CIRCLE LOGS FILED WITH OFFICE OF CONSERVATION)	DATE FILED
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CASING, LINER AND TUBING RECORD

• CASING SIZE	HOLE SIZE	CASING WEIGHT	DEPTH SET		SACKS OF CEMENT	TEST PRESSURE	HOURS UNDER PRESSURE	DATE TESTED (MM/DD/YYYY)	NAME OF TEST WITNESS- STATE IF CONSERVATION AGENT OR OFFSET OPERATOR
			FROM	TO					

TUBING SIZE: •	DEPTH OF TUBING (FT.): •	DEPTH OF PACKER(S) (FT.): •
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INITIAL COMPLETION OR RE-COMPLETION DATA

INITIAL PRODUCTION BOPD	GAS VOLUME MCF/DAY	GOR CF/BBL	CHOKE SIZE /64"	PRODUCING METHOD
FLOWING TUBING PRESSURE psig	SHUT-IN TUBING PRESSURE psig	CASING PRESSURE	WATER PRODUCTION BPD	BS&W %
GRAVITY °API @ 60°F	BHP (SHUT-IN) psig	COMPANY REPRESENTATIVE		DATE GAUGED

PLUG AND ABANDON (P & A) DATA

CASING SIZE	AMOUNT PULLED	CEMENT PLUGS				DATE WORK PERFORMED (MM/DD/YYYY)	NAME OF TEST WITNESS- STATE IF CONSERVATION AGENT OR OFFSET OPERATOR
		FROM	TO	SACKS	HOW PLACED		

• CERTIFICATE: I, the undersigned, state: That I am employed by _____ and that I am authorized to make this report, and that this report was prepared under my supervision and direction and that all facts stated herein are true, correct and complete to the best of my knowledge.

• Signature: _____ • Title: _____

* Date well is equipped to produce, but due to no available market, no pipe line connection, etc; the well has been shut-in.

• WORK RESUME

List below all work performed under Office of Conservation Work Permits while drilling and completing well.

WORK PERMIT NO.	DATE WORK PERFORMED (MM/DD/YYYY)	SERVICE COMPANY	DESCRIPTION OF WORK

List below all important Paleofaunal or Geological Formation tops, Cap Rock and Salt Overhang bottoms.

FORMATION	DEPTH	FORMATION	DEPTH