

Form Comp – Data Review –Recompletion

Conservation (E and G) > wells > Maintain Well Data

Action Edit Query Block Record Field Help Window

SRCN2615 - Maintain Well Data 01/10/2023 04:33 AM

Strategic Online Natural Resources Information System

Current Well Information

Well Serial Num **2** Well Name Well Num Effective Date

Well Status Date Well Status Classification Well Class Type Code

Product API Num Well Count ☐ Horizontal

Section Township Range Meridian Parish ☐ Directional

Location ☐ Exclude from Scout ☐ Offshore

Well Operation Info Injection Info Well Miscellaneous Info Mineral Info Orphan Info

Field ID Field Name

Organization

Permit Date Spud Date Original Completion Date Last Recompletion Date Last Test Date

Bottom Hole Coordinates Conditions \ Injection Zones Well History

Maintain Well Completion

Perforations

Completion Date	Upper Perforation	Lower Perforation	Sand	Reservoir	Product
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Toggle to Maintain Well Data. Query by well serial number on Form Comp. Compare Well Name & #, STR, Parish, Field, and Operator to Form Comp Data. If records not identical, "IS A FORM MD-10-R-A BEING FILED..." "Yes" must be selected on Form Comp and LUW will not be assigned via Form Comp. Must have Original Completion Date keyed in prior to Recompletion data entry. Select Well History button to see current LUW History assignment.

Form Comp – Data Review – Recompletion

29-E COMPLIANCE 29-E UNIT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO O.C. USE ONLY		STATE OF LOUISIANA OFFICE OF CONSERVATION WELL COMPLETION OR RECOMPLETION REPORT	
CODE NUMBERS DATE _____		DISTRICT _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div> 1 – ON-SHORE 3 – OFF-SHORE	
PARISH _____		SEC. _____ T. _____ R. _____	
FIELD _____		OC ORDER NO. _____	
OPERATOR _____		NO. _____ SERIAL NO. 2	
WELL NAME _____		COMPLETION DATE _____ TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
RESERVOIR _____		9	
IMPORTANT: IS A FORM MD-10-R-A BEING FILED WITH THIS REPORT? IF NO, EXPLAIN YES <input type="checkbox"/> NO <input type="checkbox"/>			
REMARKS: 8			
COMPLETION DATA			
4 1 – ORIG COMP 2 – RE-COMP	5 1 – OIL 2 – GAS 3 – DRY GAS	6 1 – YES 2 – NO	7 SEE REVERSE SIDE FOR CODE
- IF THIS IS A RE-COMPLETION SPECIFY: SAME RESERVOIR <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/>			
INITIAL PROD. _____ BOPO _____	GAS VOLUME _____ MCF/DAY _____	FLOWING TUBING PRESSURE _____ PSIG _____	SHUT-IN TUBING PRESSURE _____ PSIG _____
CHOKE SIZE _____ #4" <input type="checkbox"/> 1 – POSITIVE 2 – ADJUST	WATER PROD. _____ BPD _____	BS & W _____ % _____	GOR _____ CF/BBL _____ GRAVITY _____
PERFORATIONS _____ TOTAL DEPTH _____			
CLEARANCE & CERTIFICATION: _____ MCF			
ADDITIONAL CLEARANCE IS REQUESTED FOR _____ BBLs. OF OIL PRODUCED ON DRILL-STEM OR OTHER PRODUCTION TEST. (SEE SECTION X PARAGRAPH B OF ORDER 29-B ON REVERSE SIDE).		CERTIFICATION I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
THREE (3) COPIES TO BE FILED WITH THE DISTRICT OFFICE WITHIN THREE (3) DAYS OF DATE OF COMPLETION OR RECOMPLETION (AS PER ORDER 29-B, SECTION X, PARAGRAPH A, ARTICLE 1).		SIGNATURE _____ OPERATOR _____ TITLE _____	

4. Completion type – recomp = 2

- a) Any change to perforations after initial completion is considered a recompletion, whether successful or not.

5. Product type

- a) 1 = oil (product 10 in SONRIS)
 b) 2 = gas (product 20 in SONRIS)
 c) 3 = dry gas (key in as product 20 in SONRIS)
 i. Note – SONRIS has product 25 DRY GAS but it is not in use.
 d) Null = product 00 in SONRIS
 i. Note – if product is 00, should not have a LUW code. Permissible statuses are 34, 36, 37, 73.

The product for a Conservation unit basis well is driven by unitization.

6. Primary Product Change – indicator of LUW change

7. Status of well – status is required. Should be one of the following for recompletion:

- a) 10 – Active
 b) 33 – Inactive-future utility
 c) 34 – Inactive-no future utility
 d) 36 – Inactive waiting on pipeline
 e) 37 – Inactive waiting on market
 f) 73 – Water (rare)
 g) If any other status listed, forward to Permits engineer for review.

Note- sometimes unnecessary Form Comps are filed

8. MD-10-R-A yes/no – amendment flag

- a) Yes- amendment underway. Yes should be selected if any of the well information (see step 4 on the next slide) on Form Comp does not match SONRIS. If yes selected, possibly no LUW (8) assignment with Form Comp.
 b) No- no amendment pending. Information should match SONRIS. If no selected, LUW should be assigned via Form Comp.
 9. LUW code – production reporting code. LUWs should be assigned to well serial numbers via Form Comp when applicable.