

PRINT OR TYPE IN BLACK INK



WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY

Reviewed by _____ Date _____ Well Type _____

WELL NAME AND NUMBER _____ API WELL IDENTIFICATION NUMBER
31 - | | | | | | | | | | | | | | | | | |

WELL OWNER (Full Name of Organization or Individual as registered with the Division) _____

TYPE OF REPORT Interim Final TYPE OF WELL New Existing TYPE OF WELL BORE Vertical Directional Horizontal

If the well is a directional or sidetrack, also submit a complete directional survey

TYPE OF OPERATION Drill Plug Back Deepen Convert WELL TYPE (Test data, if available, must be noted on page 2 of this form) Gas Production Geothermal Brine Dry Hole Injection Brine Disposal Oil Production Stratigraphic Storage Other (Specify) _____

FLUIDS PRODUCED OR INJECTED Oil Gas Brine Fresh Water LPG Other (Specify) _____ TYPE OF COMPLETION Single Multiple Other (Specify) _____

7½ MINUTE QUAD NAME _____ QUAD SECTION _____

LOCATION DESCRIPTION Surface 0' 0' Top of Target Interval Bottom of Target Interval Bottom Hole TVD TMD Decimal Latitude (NAD83) Decimal Longitude (NAD83)

PRODUCING FORMATION(S) _____ DEEPEST FORMATION PENETRATED _____ DRILLING CONTRACTOR(S) _____

For vertical wells, use TMD to record depths

COUNTY _____ DATE DRILLING COMMENCED Month Day Year DRILLED WITH CABLE TOOLS (TMD) From ft. to ft.

TOWN _____ DATE DRILLING COMPLETED Month Day Year DRILLED WITH ROTARY TOOLS (TMD) From ft. to ft.

FIELD/POOL NAME _____ DATE FINAL COMPLETION/RECOMPLETION Month Day Year ROTARY DRILLING FLUID Water Air Mud

DRILLER'S TD (ft.) LOGGER'S TD (ft.) PLUG BACK TO (ft.) KICKOFF DEPTH (ft.) ELEV. (ft.) Topo Survey DATUM (ft.) DF KB GL

If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back

LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH Gamma Ray Resistivity Density Neutron Mud Directional Induction Temperature Caliper Sonic Others (Specify) _____ WELL CORED No Yes Sidewall Conventional CUTTINGS COLLECTED FOR STATE No Yes

CASING PROGRAM TABLE with columns: CASING STRINGS, HOLE SIZE, PIPE SIZE, GRADE/WT., NEW OR USED, DEPTHS SET (TMD), CASING, CENTRALIZERS, BASKETS

CEMENT DATA TABLE with columns: CEMENT DATA, CLASS/TYPE OF CEMENT, NUMBER OF SACKS, SLURRY WT. (ppg), YIELD (ft.³/sx), VOLUME (ft.³), CEMENT TOP (TMD), W.O.C. (hrs.)

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Printed or Typed Name of Authorized Representative _____ Signature _____ Title _____ Date _____

