PRINT

DIVISION OF MINERAL RESOURCES

WELL DRILLING AND COMPLETION REPORT

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

PRINT OR TYPE IN BLACK INK 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 _____

DRILLING AND GENERAL INFORAMTION

WELL NAME AND NUMBER

API WELL IDENTIFICATION NUMBER: 3 1 - ___ ___ ___ - ___ ___ ___ ___ ___ - ___ ___ - ___

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 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			DECIMAL LATITUDE (NAD83)	DECIMAL LONGITUDE (NAD83)
Surface	0'	0'	___ ___.___ ___ ___ ___ ___ ___	___ ___.___ ___ ___ ___ ___ ___
Top of Target Interval			___ ___.___ ___ ___ ___ ___ ___	___ ___.___ ___ ___ ___ ___ ___
Bottom of Target Interval			___ ___.___ ___ ___ ___ ___ ___	___ ___.___ ___ ___ ___ ___ ___
Bottom Hole			___ ___.___ ___ ___ ___ ___ ___	___ ___.___ ___ ___ ___ ___ ___
	TVD	**TMD**		

PRODUCING FORMATION(S)

DEEPEST FORMATION PENETRATED

DRILLING CONTRACTOR(S)

For vertical wells, use TMD to record depths

COUNTY

DATE DRILLING COMMENCED: Month Day Year

DRILLING 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.): _____ TVD _____ TMD

LOGGER'S TD (ft.): _____ TVD _____ TMD

PLUG BACK TO (ft.): _____ TVD _____ TMD

KICKOFF DEPTH (ft.): _____ TMD

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 85-8-15) 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 ☐ Other (Specify)

WELL CORED: ☐ No ☐ Yes ☐ Sidewall ☐ Conventional

CUTTINGS COLLECTED FOR STATE: ☐ No ☐ Yes

CASING PROGRAM

CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD) CASING	CENTRALIZERS	BASKETS
Drive Pipe or Conductor							
Surface or Water							
Intermediate							
Production							
Liners							

CEMENT DATA

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.)
Drive Pipe or Conductor							
Surface or Water							
Intermediate							
Production							
Liners							

I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief. I am aware any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.

Printed or Typed Name of Authorized Representative _____

Signature _____ Title _____ Date _____

WELL NAME AND NUMBER	API WELL IDENTIFICATION NUMBER
	3 1 - - - -

PRECOMPLETION TEST

TYPE OF TEST (dst, bail, etc.)	ZONES TESTED **(TMD)**	DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA
	ft. to ft.		
	ft. to ft.		
	ft. to ft.		

COMPLETION DATA

COMPLETION EQUIPMENT: List tubing, packer, rods, pumps, bridges, etc.; note sizes and depths

WELL COMPLETED OPEN HOLE **(TMD)** ft. to ft.

PERFORATED INTERVALS **(TMD)**	NO. OF SHOTS	PERFORATED INTERVALS **(TMD)** Continued	NO. OF SHOTS
ft. to ft.		ft. to ft.	
ft. to ft.		ft. to ft.	
ft. to ft.		ft. to ft.	

STIMULATION DATA

ZONES TREATED **(TMD)**	DETAILS: additive name(s), type(s) and volume(s), rates, breakdown psi, average treatment psi, isip, etc.
ft. to ft.	
ft. to ft.	
ft. to ft.	
ft. to ft.	
ft. to ft.	
ft. to ft.	

PRODUCTION TEST

FORMATION TESTED	GAS TEST	OIL TEST	INITIAL SHUT-IN PRESSURE
	☐ Open Flow ☐ Build Up ☐ Drawdown	☐ Pump ☐ Flow	Surface _____ psi. Bottom Hole _____ psi.

DURATION OF TEST	FLOWING TEST DATA					
	Choke	Tubing	Casing	S.I. Tubing	S.I. Casing	S.I. Time
hrs.	in.	psi	psi	psi	psi	hrs.

PRODUCTION			GAS MEASURED BY	TESTING START DATE
Oil	Water	Gas		
bpd	bpd	mcfpd	☐ Orifice ☐ Pitot ☐ Estimated	

RECORD OF FORMATIONS PENETRATED

	DEPTH IN FEET **(TVD)**	DEPTH IN FEET **(TMD)**	FORMATION NAME	DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER BRINE, OIL AND GAS
UNCONSOLIDATED	**0**	**0**	- - - - - - - - - -	**Ground Surface (Elevation)**
BEDROCK				