8000-FM-OOGM0004b Rev. 12/2016

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

Completion Report

DEP USE ONLY	
Site ID	Primary Facility ID
Client ID	Sub Facility Id

Well Information

Well Operator	DEP ID#	Well API # 37 - - - -	Well Farm Name	Well #
Address		LAT - ° ′ ″ / LONG - ° ′ ″ NAD 83	Project Number	Serial #
City / State / Zip Code		Municipality	County	
Phone / Fax		Email	USGS 7.5 min. quadrangle map	Section

Check the appropriate submission: ☐ Original Completion Report ☐ Amended Completion Report

STIMULATION BASE FLUID

List Water Management Plan Source(s)	Water Management Plan ID	Volume (Gallons)
1.		
2.		
3.		
4.		
5.		
6.		

	DEP Biologist Review/Date	Total Gallons of Water Used	Water	Recycled

Other Base Fluid(s) Used	Quantity and /UOM
1.	/
2.	/
Total Quantity all Fluid(s)	/

STIMULATION/PRODUCTION INFORMATION (WELL)

Radioactive tracers used? ☐ Specify Tracer	24 Hr. Open-Flow (MCF/Day) / Date /	24 Hr. Shut-in Pressure:/ Date /	Completion Date:

Well Products:	☐ Gas Btu	☐ Oil API G	☐ Condensate API G	☐ Other	☐ GOR

WELL SERVICE COMPANIES

Perforation Company	Frac Company	Plug Drill Out/Flow Back Company
Name	Name	Name
Address	Address	Address
City – State- Zip	City – State – Zip	City – State – Zip
Phone	Phone	Phone

I do hereby certify to the best of my knowledge, information and belief that the information contained on this Completion Report is true and correct. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Well Operator's Signature	DEP USE ONLY
	Reviewed by: Date:
Printed Name / Title: / Date:	Comments:

Well API# 37-___-_____-__-__

PERFORATION RECORD

Stage No.	Perforation Date	Stage Perforated From TMD Ft.	Stage Perforated To TMD Ft.	# of Perforations/Stage	Formation(s)
Please insert additional copies of this page if additional rows/stages are needed.					

Well API# 37-___-_____-__-__

STIMULATION FLUID ADDITVES

Note: Information designated as Trade Secret or Confidential proprietary information must be clearly identified as such and should be submitted on the "Confidential Stimulation Fluid Additives" form.

Trade Name	Supplier	Purpose	Ingredients	CAS # of Chemical Component	Max. Component % Mass in Additive	Chemical Component % Mass used in Total Base Fluid (Pg 1)	Comment

Please insert additional copies of this page if additional rows are needed.

Well API# 37-___-_____-__-__

STIMULATION INFORMATION / STAGE

Complete a separate record for each stimulation stage. (Please insert additional lines for additional stages or additional pages as applicable).

Stg #	Stimulation Date	Ave Pump Rate (BPM)	Ave Treatment Pressure (PSI)	Max Breakdown Pressure (PSI)	ISIP (PSI)	Proppant Type	Proppant Mesh Size(s)
1							
2							
3							
4							
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Well API# 37-___-_____-__-__

CONFIDENTIAL - STIMULATION FLUID ADDITVES - CONFIDENTIAL

Note: Additives designated on the "Stimulation Fluid Additives" as Trade Secret or Confidential proprietary information must be clearly identified as such and should be submitted on this or similarly identified sheet as confidential to this report.

Trade Name	Supplier	Purpose	Ingredients	CAS No. of Chemical Component	Maximum Component % by Mass in Additive	Chemical Component % Mass used in Total Base Fluid (Pg. 1)	Comment

The Department will prevent disclosure of the designated confidential information to the extent permitted under the Right-to-know Law (65 P.S.§67.101-67.3103.
Use additional pages as needed.

Contact information for person requesting confidentiality of above listed information:

Name/Title	
Address	
City – State- Zip	_____
Phone	Signature