8000-FM-OOGM0004bU Rev. 12/2016

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

COMPLETION REPORT

(Unconventional Operators only)

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

Well Information

Well Operator	DEP ID#	US Well No. (API No.) 37 - - - -	Farm Name	Well #
Address		Latitude (DD) . / Longitude (DD) - . NAD 83	Project Number	Serial #
City / State / Zip Code		Municipality	County	
Phone	Fax	Email	USGS 7.5 min. quadrangle map	Section

Well Development Impoundment:

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

STIMULATION BASE FLUID

Water 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. In addition, I do hereby certify that the area of review monitoring plan was conducted as outlined in the area of review summary report.

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

US Well No. (API No.) 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.

US Well No. (API No.) 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							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							

US Well No. (API No.) 37-___-_____-__-__

STIMULATION FLUID ADDITIVES

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.