8000-FM-OOGM0004a Rev. 12/2015

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Well Record

DEP USE ONLY	
Site ID	Client 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		Municipality	County	
Phone / Fax		Email	USGS 7.5 min. quadrangle map	Section

Check the appropriate Submission: ☐ Original Well Record ☐ Amended Well Record

Well Type ☐ Gas ☐ Oil ☐ Combination Oil & Gas ☐ CBM ☐ Injection ☐ Disposal ☐ Storage

Well Orientation ☐ Vertical ☐ Deviated from Vertical (Top & Side views & Deviation Survey must be attached)

Drill Method(s) ☐ Rotary – Air ’ ☐ Rotary – Mud ’ ☐ Cable Tool ’ ☐ Other ’

Drilling Started	Surface Elev. ft.	GW Depth ft.
Drilling Complete	True Vertical Depth ft.	Depth of DFGW ft.
Date Well Completed	Total Measured Depth ft.	DFGW decided by: 0

Wellbore Conditioning:

CEMENT

Cement returned on surface casing?	☐ Yes ☐ No	If No, provide depth to top of cement and method used to determine:
Cement returned on coal protective casing?	☐ Yes ☐ No	If No, provide depth to top of cement and method used to determine: ☐ NA
Cement returned on intermediate casing?	☐ Yes ☐ No	If No, provide depth to top of cement and method used to determine: ☐ NA

Casing String	Type/Class of Cement (Lead/Tail)	Slurry Temp F°	Amount of Cement (sks) (Lead/Tail/Total)	WOC hrs	Wt PPG	Yld /ft3 /sk	Gas Migration Controls Used
Conductor	/	°	/ /				What controls were used if any (additives/ hardware. Specify type and depth applicable).
Surface	/	°	/ /				
Coal Protective	/	°	/ /				
Intermediate	/	°	/ /				
Production	/	°	/ /				
	/	°	/ /				
If additional strings attach form(s)			Total				

CASING AND TUBING

Hole Size	Pipe Size	Wt. #/ft.	Grade Casing / Tubing Type	Thread / Weld – New/ Used	Amount in Well (ft.)	CO	R	Hardware - Baskets / Packer / Centralizers (Total/String) Type	Size	Depth	Date Run
				-							
				-							
				-							
				-							
				-							

If any casing is welded, provide the name(s) of the welder(s):

PLUG-BACK/WELLBORE ALTERATION

Fill Material & Plugs	Depth From	Depth To	Date	Casing & Tubing Size	Pulled	Left

LOG OF FORMATIONS

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

(If you will need more space than this page, please photocopy the blank form before filling it in.)

Formation Name or Lithology	Top (feet)	Bottom (feet)	Gas at (feet)	Oil at (feet)	Water at (fresh / brine; ft.)	Source of Data
	----------0					

If no show of oil, gas or water, explain why:

WELL SERVICE COMPANIES (Provide the name, address, and telephone number of all well service companies involved.)

Casing Source	Cementing Company	Hardware Supplier	Logging Company
Name	Name	Name	Name
Address	Address	Address	Address
City – State – Zip	City – State – Zip	City – State – Zip	City – State – Zip
Phone	Phone	Phone	Phone

I do hereby certify to the best of my knowledge, information and belief that the well identified on this Well Record has been properly cased and cemented in accordance with the requirements of 25 Pa. Code Chapter 78 and any conditions contained in the permit for this well. In addition, I do hereby certify that any casing which is attached to a blow-out preventer with a pressure rating greater than 3,000 psi has passed a pressure test in accordance with 25 Pa. Code §78.84(f). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Driller		Well Operator's Signature	DEP USE ONLY
Name	Rig		Reviewed by:
Address		_____	
City – State- Zip		Printed Name / Title: /	Date:
Phone			Comments: