

END OF OPERATIONS REPORT (EOR)

1. <input type="checkbox"/> COMPLETION <input type="checkbox"/> ABANDONMENT		2. MMS OPERATOR NO.	3. OPERATOR NAME and ADDRESS <i>(Submitting office)</i>
<input type="checkbox"/> CORRECTION			
4. WELL NAME (CURRENT)	5. SIDETRACK NO. (CURRENT)	6. BYPASS NO. (CURRENT)	
7. API WELL NO. (CURRENT SIDETRACK / BYPASS) (12 DIGITS)		8. PRODUCING INTERVAL CODE	

WELL AT TOTAL DEPTH

9. LEASE NO.	10. AREA NAME	11. BLOCK NO.	12. LATITUDE <input type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska)	13. LONGITUDE <input type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska)
--------------	---------------	---------------	---	--

WELL STATUS INFORMATION

14. Well Status	15. Type Code	16. Well Status Date	17. <input type="checkbox"/> MD _____ TVD _____ Total Depth _____
-----------------	---------------	----------------------	--

WELL AT PRODUCING ZONE

18. LEASE NO.	19. AREA NAME	20. BLOCK NO.	21. LATITUDE <input type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska)	22. LONGITUDE <input type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska)
---------------	---------------	---------------	---	--

23. COMPLETION DATE:	24. DATE OF FIRST PRODUCTION:	25. ISOLATED DATE:
----------------------	-------------------------------	--------------------

PERFORATED INTERVAL(S) THIS COMPLETION

26. TOP (MD):	27. BOTTOM (MD)	28. TOP (TVD)	29. BOTTOM (TVD):

30. RESERVOIR NAME(S):	31. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION
------------------------	---

HYDROCARBON BEARING INTERVALS

32. INTERVAL NAME:	33. TOP (MD)	34. BOTTOM (MD)	35. TYPE OF HYDROCARBON

SIGNIFICANT MARKERS Penetrated (account for all markers identified on APD)

36. INTERVAL NAME:	37. TOP (MD)	38. REASON IF MARKER NOT PENETRATED

SUBSEA COMPLETION

39. SUBSEA COMPLETION? Yes/No	40. IF YES: PROTECTION PROVIDED? Yes/No	41. BUOY INSTALLED? Yes/No	42. TREE HEIGHT ABOVE
----------------------------------	--	-------------------------------	-----------------------

END OF OPERATIONS REPORT (EOR)

ABANDONMENT HISTORY OF WELL			
43. CASING SIZE:	44. CASING CUT DATE:	45. CASING CUT METHOD:	46. CASING
47. Type of Obstruction:	48. Protection Provided: Yes/No	49. Obstruction Height Above ML (ft):	50. Buoy Installed Yes
CONTACT NAME:	CONTACT TELEPHONE NO.:		CONTACT E-MAIL ADDRESS:

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect the information to obtain knowledge of equipment and procedures to be used in drilling operations. MMS uses the information to evaluate and approve or disapprove the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data is collected under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it carries a valid OMB Control Number. Public reporting burden for this form is estimated to average between 1-3 hours per response, depending on whether the collection is for a one-time submittal or electronic submittal. This includes the time for reviewing instructions, gathering and maintaining data, and completing and reviewing comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Mineral Resources Service, 1849 C Street, NW, Washington, DC 20240.

3 CUT DEPTH:
?
es/No
SS:

is information to
 ve the adequacy of
 a are covered
 displays a currently
 r it is a paper
 the form. Direct
 ls Management