



Spot well on Plat

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
OSAGE AGENCY
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**REPORT OF COMPLETED & DEEPENED WELLS
WITHIN THE OSAGE RESERVATION**

One original must be filed within
10 days after completion of well.

Specify type of well
Oil, Gas, CBM, SWD, Dry, etc. _____

Company operating _____ Address _____

Lessee _____ Lessor **Osage Nation**

Well No. _____ ¼ Sec. _____ Twp. _____ Rge. _____ Farm name _____

Well located _____ ft. from [N] [S] line, _____ [E] [W] line, Elevation GL _____ DF _____ KB _____

Elevation and location surveyed by _____

Drilling contractor(s) _____ Began _____, 20____ Finished _____, 20____

Cable drilled interval and bit size(s) _____

Mud Air Rotary drilled interval & bit size(s) _____

Casing Record **Cementing Contractor** _____

Size	Wt.	Landed at	Interval cemented	Cement used; include type, gel, additives
____ ins.	____ lbs./ft.	____ ft.	____ to ____	_____
____ ins.	____ lbs./ft.	____ ft.	____ to ____	_____
____ ins.	____ lbs./ft.	____ ft.	____ to ____	_____

Interval(s) perforated ____ holes _____ to ____; ____ holes _____ to ____; ____ holes _____ to ____

Interval(s) left open _____; Interval(s) shut off and method _____

Plug back depth _____ Packer set? _____ Setting depth _____ Packer left in? _____

How were fresh water and other zones protected? _____

Flow Pump Swab Bail **Initial 24 hour Production Rate Before Treatment**

Casing Tubing Choke size _____ Oil _____ bbls., Gas _____ MCF, Water _____ bbls

Duration of test _____ hrs., Gravity _____ API FTP _____ psi SICP _____ psi SITP _____ psi

Formation treatment (shot, acid, fracture, etc.) Indicate amount of materials used (i.e., nitro, sand, water, acid & other additives) and breakdown pressure.

_____ Feet to _____
_____ Feet to _____
_____ Feet to _____

Flow Pump Swab Bail **Initial 24 hour Production Rate Before Treatment**

Casing Tubing Choke size _____ Oil _____ bbls., Gas _____ MCF, Water _____ bbls

Duration of test _____ hrs., Gravity _____ API FTP _____ psi SICP _____ psi SITP _____ psi

Location fee paid _____ Date _____ amount \$ _____

Signature _____ Position with Lessee _____

_____ $\frac{1}{4}$ Sec. _____ Twp. _____ Rge. _____ Datum Elev. _____

FORMATION RECORD

Well Number _____

Note each change in formation, i.e., sand, lime shale, sandy shale, etc. & name key beds.

Note character of each formation, i.e., color, hard, soft, caving, etc. Underreamed?

Note contents of each formation, i.e., oil, gas, water, and kind of water - fresh, etc.

Must run and submit open hole logs sufficient to determine resistivity and porosity of all formations. Case hole logs sufficient to correlate with open hole logs and determine cement bond quality. Was well cored . enter core description, submit core analysis.

Copies of cementing service tickets should accompany this report. Include drill stem, wire line, etc., test information.

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