



Spot well on Plat

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
OSAGE AGENCY  
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## REPORT OF COMPLETED & DEEPEMED 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 \_\_\_\_\_

## FORMATION RECORD

[illegible]

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