

## WELL ACTIVITY REPORT

**BEGINNING DATE:** \_\_\_\_\_

**ENDING DATE:** \_\_\_\_\_

REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

<input type="checkbox"/> <b>CORRECTION</b> <input type="checkbox"/> <b>CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT</b>												
<b>GENERAL INFORMATION</b>												
1. API WELL NO. (10 digits)						2. OPERATOR NAME						
3. WELL NAME			4. SIDETRACK NO.			5. BYPASS NO.			6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS			
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tubing unit, etc.)						8. WATER DEPTH (surveyed) (ft)			9. ELEVATION AT KB (Surveyed) (ft)			
<b>10. CURRENT WELLBORE INFORMATION</b>												
<b>SURFACE</b>						<b>BOTTOM</b>						
LEASE NO.		AREA NAME		BLOCK NO.		LEASE NO.			BLOCK NO.			
WELLBORE		START DATE	TD DATE	STATUS	END DATE	KOP (MD)	MD	TVD	MW PPG	LAST BOP TEST DATE	LAST BOP TEST PRESSURE	
											LOW	HIGH
<b>11. WELLBORE HISTORICAL INFORMATION</b>												
WELLBORE	BOTTOM LEASE	START DATE		TD DATE	PA DATE		FINAL MD		FINAL TVD			



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Please provide narrative information with regards to any significant events. Provide attachments, if necessary.

**CERTIFICATION:** I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. BSEE uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operations. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for Forms BSEE-0133 and BSEE-0133S is approximately **1 hour per form** per response. This includes the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.