U.S. Department of the Interior
Bureau of Safety and Environmental Enforcement (BSEE)

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OMB Control No. 1014-0018
OMB Approval Expires xx/xx/xxxx

END OF OPERATIONS REPORT (EOR)

1. ☐ COMPLETION ☐ ABANDONMENT ☐ CORRECTION	2. BSEE OPERATOR NO.	3. OPERATOR NAME and ADDRESS *(Submitting office)*
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	13. LONGITUDE
			☐ NAD 27 (GOM) ☐ NAD 83 (Alaska & Pacific)	☐ NAD 27 (GOM) ☐ NAD 83 (Alaska & Pacific)

WELL STATUS INFORMATION

14. Well Status	15. Type Code	16. Well Status Date	17 ☐ MD _____ TVD _____ Total Depth _____

WELL AT PRODUCING ZONE

18. LEASE NO.	19. AREA NAME	20. BLOCK NO.	21. LATITUDE	22 LONGITUDE
			☐ NAD 27 (GOM) ☐ NAD 83 (Alaska & Pacific)	☐ NAD 27 (GOM) ☐ NAD 83 (Alaska & Pacific)

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 ML(ft):

End of Operations Report (EOR) Con't.

ABANDONMENT HISTORY OF WELL [Plug Information]

43. Plug Type	44. Plug Remarks/Description	45. Top of Plug (MD)	46. Bottom of Plug (MD)	47. Date Installed	48. I Tes
☐ DCP ☐ PTP ☐ ICP ☐ SCP ☐ ACP					
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☐ DCP ☐ PTP ☐ ICP ☐ SCP ☐ ACP					

* If more plugs are needed than the above amount, please attach another sheet to identify the other plugs*

Definitions for Plug Type

DCP - Downhole Cement Plug inlcuding Cmt. Retainer w/Cmt, CI BP w/Cmt, zones squeezed.

PTP - Permanent Tubing Plug

ICP - Intermediate Cement Plug

SCP - Surface Cement Plug

ACP - Annulus Cement Plug


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End of Operations Report (EOR) Con't.

ABANDONMENT HISTORY OF WELL [Casing Information]			
49. CASING SIZE:	50. CASING CUT DATE:	51. CASING CUT METHOD:	52. CASING CUT DEPTH:

ABANDONMENT HISTORY OF WELL [Obstruction Information]			
47. Type of Obstruction:	48. Protection Provided: Yes/No	49. Obstruction Height Above ML (ft):	50. Buoy Installed? Yes/No

CONTACT NAME:	CONTACT TELEPHONE NO.:	CONTACT E-MAIL ADDRESS:

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a fal 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 tl 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 operation. 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 no required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form apprroximately 2 hours 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

