WELL COMPLETION OR RECOMPLETION REPORT AND LOG  1a. Type of Well:   OMB Control No. 1076-0180 Expiration Date xx/xx/xxxx  5. Lease Serial No.  6. If Indian, Allotee or Tribe Name  7. If Unit or CA Agreement, Name and N								
DEPARTMENT OF THE INTERIOR OSAGE AGENCY WELL COMPLETION OR RECOMPLETION REPORT AND LOG  5. Lease Serial No. 6. If Indian, Allotee or Tribe Name								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG  6. If Indian, Allotee or Tribe Name								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG								
1a. Type of Well:   Oil Well  Gas Well  Dry  Other  7. If Unit or CA Agreement, Name and N								
1b. Type of Completion:   New Well  Work Over  Deepen  Plug Back  Diff. Reserv.,								
Other:								
2. Name of Operator 9. API Well No.								
3 Address 3a Phone No. (include area code) 10. Field and Pool, or Exploratory								
4. Location of Well (Report location clearly*)  At surface  11. Sec., T.R.M. on Block And Survey or Area								
At surface At top prod. Interval reported below								
At total depth  12. Country or 13. State Parish								
14. Date Spudded 15. Date T.D. Reached 16. Date Completed 17. Elevations (DF, RKB, RT, GL)*								
D&A Ready to Prod.								
18. Total Depth: MD 19. Plug Back T.D.: MD 20. Depth Bridge Plug Set MD								
TVD TVD TVD								
21. Type Electric & Other Mechanical Logs Run 22. What was cored?								
(Submit copy of each) Was DTS run?								
23. Casting and Linear Record (Report all strings in well)								
Hole Size								
(MD) Cementer & Type of (BBL) Top* Pulled Depth Cement								
24. Tubing Record       Size     Depth Set     Packer     Depth Set     Packer     Depth Set     Packer Depth (MD)								
Size     Depth Set     Packer     Size     Depth Set     Packer     Size     Depth Set     Packer Depth (MD)       (MD)     Depth (MD)     Depth (MD)     (MD)     (MD)								
25. Producing Intervals 26. Perforation Record								
Formation Top Bottom Perforated Interval Size No. Holes Perf. Status								
A)								
B)								
C) D)								
27. Acid, Fracture, Treatment, Cement Squeeze, etc.								
Depth Interval Amount and Type of Material								
28. Production – Interval A								
Date First Test Date Hours Test Oil BBL Gas MCF Water BBL Oil Gravity Gas Gravity Production								
Produced Tested Production Corr. API Method								
Choke Size Tbg. Press. Csg. Press. 24 Hr. Rate Oil BBL Gas MCF Water BBL Gas/Oil Well Status								
Flwg. SI Ratio								
28a. Production - Interval B								
Date First Test Date Hours Test Oil BBL Gas MCF Water BBL Oil Gravity Gas Gravity Production Produced Tested Production Gas MCF Water BBL Oil Gravity Gas Gravity Production Method								

Choke Size	Tbg. Press.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water B	BL Gas/Oil	Well Status		
	Flwg. SI						Ratio			
28b. Production – Interval C										
Date First Test Date Hours Test Oil BBL					Gas MCF	Water B	BL Oil Gravity	Gas Gravity	Production	
Produced		Tested	Production				Corr. API	,	Method	
Choke Size	Tbg. Press.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water B	I	Well Status		
	Flwg. SI						Ratio			
28c. Production – Interval D										
Date First	Test Date	Hours	Test	Oil BBL	Gas MCF	Water B	BL Oil Gravity	Gas Gravity	Production	
Produced		Tested	Production				Corr. API	,	Method	
Choke Size	Tbg. Press.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water B		Well Status		
	Flwg. SI						Ratio			
29. Disposition of Gas (Solid, used for fuel, vented, etc.)										
, ,,,/										
					_					
30. Summary of Porous Zones (Include Aquifers):					31. Formation (Log) Markers					
Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion										
		ng and shut-in p	•							
Formation To					Descriptions, N		Name	Тор	Тор	
					Contents, etc.			Meas. Depth		
32 Additions	luding plugging i	orocedure):								
32. Additional remarks (including plugging procedure):										
33. Indicate	which items h	ave been attache	ed by placing a	check in the ap	propriate boxe	s:				
33. Indicate which items have been attached by placing a check in the appropriate boxes:										
□ Electrical/	Mechanical Log	s (1 full set req'd)	□ G	eological Report	□ DST Repor	t 🗆 Dire	ectional Survey			
□ Notice for	plugging and co	ement verification	□ Co	ore Analysis	□ Other:					
	1 00 0			,						
34. I hereby certify that the foregoing and attached information is completed and correct as determined from all available records (see attached instructions)*										
Name (please print)					Title					
Signature					Date	Date				
Title 18 U.S.C., Section 1001 and Title 43 U.S.C., Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the										
United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.										

## **INSTRUCTIONS**

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wells on Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from local Federal offices.

ITEM 4: Locations on Indian land should be described in accordance with Federal requirements. Consult local Federal offices for specific instructions.

ITEM 17: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements give in other spaced on this form and in any attachments.

ITEM 23: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

## **NOTICES**

The Privacy Act of 1974 and regulation in 25 C.F.R. 226.34(b) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 25 C.F.R. Part 226, 200 DM 1, 209 DM 8, 230 DM 1, 3 IAM 4.1 and Muscogee Area Addendum 9901 to 3 IAM 4 PRINCIPAL PURPOSES: The information will be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USE: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4) Information from the record and/or the record will be transferred to appropriate Federal, State, and local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecution, in connection with congressional inquiries and for regulatory responsibilities.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this application and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is complete/recompleted.

PAPERWORK REDUCTION ACT STATEMENT: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to identify and monitor lease operations. Your response is voluntary and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned OMB Control Number 1076-0180, which expires ##/######.

ESTIMATED BURDEN STATEMENT: We estimate the form will take you 90 minutes to complete, including time to read instructions, gather information, and complete and submit the form. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action—Indian Affairs (RACA), U.S. Department of the Interior, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104.