

Form 208 (rev) (March 2015)							FORM APPROVED OMB Control No. 1076-0180 Expiration Date xx/xx/xxxx		
UNITED STATES DEPARTMENT OF THE INTERIOR OSAGE AGENCY WELL COMPLETION OR RECOMPLETION REPORT AND LOG							5. Lease Serial No.		
							6. If Indian, Allottee or Tribe Name		
							7. If Unit or CA Agreement, Name and No.		
1a. Type of Well: ☐ Oil Well ☐ Gas Well ☐ Dry ☐ Other							8. Lease Name and Well No.		
1b. Type of Completion: ☐ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Reserv., ☐ Other:							9. API Well No.		
2. Name of Operator							10. Field and Pool, or Exploratory		
3 Address				3a Phone No. (include area code)			10. Field and Pool, or Exploratory		
4. Location of Well (Report location clearly*) At surface At top prod. Interval reported below At total depth							11. Sec., T.R.M. on Block And Survey or Area		
							12. Country or Parish		13. State
							17. Elevations (DF, RKB, RT, GL)*		
14. Date Spudded		15. Date T.D. Reached		16. Date Completed ☐ D&A ☐ Ready to Prod.					
18. Total Depth: MD TVD			19. Plug Back T.D.: MD TVD			20. Depth Bridge Plug Set MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)			22. What was cored? ☐ No ☐ Yes (Submit Analysis) Was DTS run? ☐ No ☐ Yes (Submit Report) Directional Survey? ☐ No ☐ Yes (Submit Copy)						
23. Casting and Linear Record (Report all strings in well)									
Hole Size	Size/Grade	Wt.(#/ft)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (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 Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
28a. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method

Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
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28b. Production – Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
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Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
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28c. Production – Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
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Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
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29. Disposition of Gas (Solid, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.				31. Formation (Log) Markers		
Formation	Top	Bottom		Descriptions, Contents, etc.	Name	Top Meas. Depth

32. Additional remarks (including plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd)
☐ Geological Report
☐ DST Report
☐ Directional Survey
☐ Notice for plugging and cement verification
☐ Core Analysis
☐ Other:

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 _____

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.