

State of West Virginia
Department of Environmental Protection - Office of Oil and Gas
Well Operator's Report of Well Work

API 47- _____ - _____ County _____ District _____
Quad _____ Pad Name _____ Field/Pool Name _____
Farm name _____ Well Number _____
Operator (as registered with the OOG) _____
Address _____ City _____ State _____ Zip _____

As Drilled location NAD 83/UTM Attach an as-drilled plat, profile view, and deviation survey
Top hole Northing _____ Easting _____
Landing Point of Curve Northing _____ Easting _____
Bottom Hole Northing _____ Easting _____

Elevation (ft) _____ GL Type of Well New Existing Type of Report Interim Final
Permit Type Deviated Horizontal Horizontal 6A Vertical Depth Type Deep Shallow
Type of Operation Convert Deepen Drill Plug Back Redrilling Rework Stimulate
Well Type Brine Disposal CBM Gas Oil Secondary Recovery Solution Mining Storage Other _____
Type of Completion Single Multiple Fluids Produced Brine Gas NGL Oil Other _____
Drilled with Cable Rotary

Drilling Media Surface hole Air Mud Fresh Water Intermediate hole Air Mud Fresh Water Brine
Production hole Air Mud Fresh Water Brine
Mud Type(s) and Additive(s)

Date permit issued _____ Date drilling commenced _____ Date drilling ceased _____
Date completion activities began _____ Date completion activities ceased _____
Verbal plugging (Y/N) _____ Date permission granted _____ Granted by _____

Please note: Operator is required to submit a plugging application within 5 days of verbal permission to plug

Freshwater depth(s) ft _____ Open mine(s) (Y/N) depths _____
Salt water depth(s) ft _____ Void(s) encountered (Y/N) depths _____
Coal depth(s) ft _____ Cavern(s) encountered (Y/N) depths _____
Is coal being mined in area (Y/N) _____

Reviewed by:

API 47- _____ - _____ Farm name _____ Well number _____

CASING STRINGS	Hole Size	Casing Size	Depth	New or Used	Grade wt/ft	Basket Depth(s)	Did cement circulate (Y/ N) * Provide details below*
Conductor							
Surface							
Coal							
Intermediate 1							
Intermediate 2							
Intermediate 3							
Production							
Tubing							
Packer type and depth set							

Comment Details _____

CEMENT DATA	Class/Type of Cement	Number of Sacks	Slurry wt (ppg)	Yield (ft ³ /sks)	Volume (ft ³)	Cement Top (MD)	WOC (hrs)
Conductor							
Surface							
Coal							
Intermediate 1							
Intermediate 2							
Intermediate 3							
Production							
Tubing							

Drillers TD (ft) _____ Loggers TD (ft) _____
 Deepest formation penetrated _____ Plug back to (ft) _____
 Plug back procedure _____

Kick off depth (ft) _____

Check all wireline logs run
 caliper density deviated/directional induction
 neutron resistivity gamma ray temperature sonic

Well cored Yes No Conventional Sidewall
 Were cuttings collected Yes No

DESCRIBE THE CENTRALIZER PLACEMENT USED FOR EACH CASING STRING _____

WAS WELL COMPLETED AS SHOT HOLE Yes No DETAILS _____

WAS WELL COMPLETED OPEN HOLE? Yes No DETAILS _____

WERE TRACERS USED Yes No TYPE OF TRACER(S) USED _____

API 47- _____ - _____ Farm name _____ Well number _____

<u>PRODUCING FORMATION(S)</u>	<u>DEPTHS</u>	
_____	_____	_____
_____	TVD	MD
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please insert additional pages as applicable.

GAS TEST Build up Drawdown Open Flow OIL TEST Flow Pump

SHUT-IN PRESSURE Surface _____ psi Bottom Hole _____ psi DURATION OF TEST _____ hrs

OPEN FLOW Gas Oil NGL Water GAS MEASURED BY

 _____ mcfpd _____ bpd _____ bpd _____ bpd Estimated Orifice Pilot

LITHOLOGY/ FORMATION	TOP DEPTH IN FT NAME TVD	BOTTOM DEPTH IN FT TVD	TOP DEPTH IN FT MD	BOTTOM DEPTH IN FT MD	DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FLUID (FRESHWATER, BRINE, OIL, GAS, H ₂ S, ETC)
	0		0		

Please insert additional pages as applicable.

Drilling Contractor _____
Address _____ City _____ State _____ Zip _____

Logging Company _____
Address _____ City _____ State _____ Zip _____

Cementing Company _____
Address _____ City _____ State _____ Zip _____

Stimulating Company _____
Address _____ City _____ State _____ Zip _____

Please insert additional pages as applicable.

Completed by _____ Telephone _____
Signature _____ Title _____ Date _____