

For NDOM Use Only Entered in Database

By: _____ Date: _____

STATE OF NEVADA
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OIL AND GAS WELL COMPLETION REPORT*(To be filed not later than 30 days after well is completed/abandoned)***WELL LOCATION**

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Section _____
Locate well correctly.

Company _____ Lease _____
 Address _____
 Well No. _____ in _____ 1/4 of _____ 1/4 of Sec. _____
 T. _____, R. _____ M.D.B.&M. Field _____
 UTM Northing _____ N; UTM Easting _____ E (NAD83 Datum)
 County _____ Permit Number _____
 Drilling Commenced _____ Completed _____
 Drilling Contractor _____
 Address _____
 Total Depth of Well _____
 Elevation above sea level in feet: Surface _____ KB _____
 Method determination _____

GEOLOGICAL FORMATIONS

| NAME | TOP | BOTTOM |
|------|-----|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

| NAME | TOP | BOTTOM |
|------|-----|--------|
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

GAS OR OIL SANDS AND OR ZONES

| | |
|--------|--------|
| 1. TOP | BOTTOM |
| 2. TOP | BOTTOM |
| 3. TOP | BOTTOM |
| 4. TOP | BOTTOM |

| | |
|--------|--------|
| 5. TOP | BOTTOM |
| 6. TOP | BOTTOM |
| 7. TOP | BOTTOM |
| 8. TOP | BOTTOM |

IMPORTANT WATER SANDS

Give data on rate of inflow and elevation to which water rose in hole.

T.D. _____

| | | |
|--------|--------|---------|
| 1. TOP | BOTTOM | REMARKS |
| 2. TOP | BOTTOM | REMARKS |
| 3. TOP | BOTTOM | REMARKS |
| 4. TOP | BOTTOM | REMARKS |

RECORD OF DRILL STEM TESTS AND SPECIAL TESTS*(Submit reports on separate sheet showing depths, dates, duration of tests, results and attach hereto)***CASING RECORD**

| Ln # | Size | Weight (lb) per foot | Make | Amount Set | Shoe | Perforated | | Amount Pulled | Purpose |
|------|------|----------------------|------|------------|------|------------|----|---------------|---------|
| | | | | | | From | To | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |

CEMENTING RECORD

| Ln # | Size of hole | Size of casing | Where set | No. sacks of cement | Method used | CMT. Density | Yield Cement ft./sxs |
|------|--------------|----------------|-----------|---------------------|-------------|--------------|----------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

RECORD OF SHOOTING OR CHEMICAL TREATMENT

| Ln # | Size | Shell used | Explosive or chemical used | Quantity | Date | Depth Treated | | Depth cleaned out |
|------|------|------------|----------------------------|----------|------|---------------|----|-------------------|
| | | | | | | From | To | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

PRODUCTION

Put on production _____, 20_____. Time: _____ (a.m.) (p.m.)

FOR FLOWING WELL:

Flowing pressure on casing _____ lbs/sq.in.

Flowing pressure on tubing _____ lbs/sq.in.

Size of tubing _____ No. feet run _____

Size of choke _____ Make choke _____

FOR PUMPING WELL:

Length of stroke used _____ inches

Number strokes per minute _____

Size of working barrel _____

FOR OIL WELL:

Production of first 24 hours was _____ barrels of fluid

Percent water _____

Percent sediment _____

Percent emulsion _____

Gas-oil ratio this well _____ (cu. ft. gas per barrel of oil)

FOR GAS WELL:

Cubic feet of gas first 24 hours _____

Gallons of gasoline per MCF gas _____

LOGS AND ADDITIONAL RECORDS

| Ln# | Type of Survey | Top | Bottom | Date | Company |
|-----|----------------|-----|--------|------|---------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

Attach to this record two (2) copies of all formation, electrical, radioactivity logs and deviation surveys.

I hereby certify that the information given herewith is a true, correct, and complete record of this well and all work done on it so far as can be determined from the available records.

Name _____ Position _____
 Company/Operator _____
 Address _____ City _____ St. _____ Zip Code _____
 Date _____