OFFICE OF CONSERVATION
WELL HISTORY AND WORK RESUME REPORT

FIELD : Field Code:

SERIAL NO.:

PERFORATED INTERVAL:

RESERVOIR:

Three copies of this report must be filed with the District Office of the Office of Conservation in which the well is located within twenty (20) days of the date of completion.
NOTE: If not properly completed and signed, this report will be returned.

LEASE AND WELL DATA

CHOOSE APPROPRIATE CATEGORY: | PRODUCT: | RESERVOIR, IF RECOMP. | EFFECTIVE DATE OF STATUS: | STATUS CHANGE ONLY?

ENTER WELL STATUS CODE: | LUW CODE:

OPERATOR NAME: | OPERATOR CODE : | ADDRESS :

WELL NAME : | WELL NO :

DRLG. PERMIT DATE: | SEC: | TWP: | RGE: | PARISH : | Psh. Code:

SPUD DATE M / D / Y	MEASURED DEPTH	TRUE VERTICAL DEPTH	PLUG BACK DEPTH	DATE WELL TURNED INTO TANKS

DATE READY TO PRODUCE*	GROUND ELEVATION	CASING HEAD FLANGE ELEVATION	DISTANCE FROM RKB TO CHF
	FEET:		

SINGLE, DUAL OR TRIPLE COMPLETION? (S,D,T)
WAS WELL DIRECTIONALLY DRILLED?
WAS DIRECTIONAL SURVEY MADE?
WERE 3 COPIES FILED WITH THE OFFICE OF CONSERVATION? DATE FILED :
WAS WELL HYDRAULICALLY FRACTURED? *IF YES, INCLUDE WH-1 SUPPLEMENTAL PAGE 3.*

NOTE: IF THIS IS A MULTIPLE COMPLETION, FURNISH A SEPARATE REPORT FOR EACH COMPLETION

TYPE OF ELECTRICAL OR OTHER LOGS RUN | DATE FILED :
DATE FILED : | DATE FILED :
DATE FILED : | DATE FILED :

HOLE SIZE	CASING SIZE	CASING WEIGHT *(one line per weight/depth)*	DEPTH SET FROM	DEPTH SET TO	SACKS CEMENT	TEST PRESSURE	HOURS UNDER PRESSURE	DATE TESTED (MM DD YY)	NAME OF TEST WITNESS - STATE IF CONSERVATION AGENT OR OFFSET OPERATOR

CHECK THIS BOX TO INDICATE ADDITIONAL CASING / TUBING DATA ON BACK OF FORM:

TUBING SIZE: | DEPTH OF TUBING: | DEPTH OF PACKER(S):

INITIAL COMPLETION OR RE-COMPLETION DATA

INITIAL PRODUCTION	GAS VOLUME	GOR	CHOKE SIZE	PRODUCING METHOD
BOPD	MCFD	CF/BBL	/64"	

FLOWING TUBING PRESSURE	SHUT-IN TUBING PRESSURE	CASING PRESSURE	WATER PRODUCTION	BS&W
PSIG	PSIG	PSIG	BPD	%

GRAVITY	SHUT-IN BHP	COMPANY REPRESENTATIVE	DATE GAUGED
API - 60°F	PSIG		

PLUG AND ABANDON (P & A) DATA

CASING SIZE (in.)	AMOUNT PULLED	CEMENT PLUGS FROM	CEMENT PLUGS TO	CEMENT PLUGS SACKS	CEMENT PLUGS HOW PLACED	DATE WORK PERFORMED	NAME OF TEST WITNESS STATE IF CONSERVATION AGENT OR OFFSET OPERATOR

CERTIFICATE: I, the undersigned, state: That I am employed by _____ and that I am authorized to make this report, and that this report was prepared under my supervision and direction and that all facts stated herein are true, correct and complete to the best of my knowledge.

Signature: _____ Title: _____
Printed Name: _____ Email: _____
Phone No.: _____ Fax No.: _____ Addr.: _____

*Date well is equipped to produce, but due to no available market, no pipe line connection, etc., the well has been shut-in.

Reviewed By: Date Reviewed:

FORM WH-1 (7-15)

WORK RESUME

Serial Number: _____

List below all work performed under Office of Conservation Work Permits while drilling and completing well.

WORK PERMIT NO.	DATE WORK PERFORMED	SERVICE COMPANY	DESCRIPTION OF WORK

List below all important Paleofaunal or Geological Formation tops, Cap Rock and Salt Overhang bottoms.

FORMATION	DEPTH	FORMATION	DEPTH

Office of Conservation Use Only

Well Information Checked By: _____

Initials

WORK RESUME

Serial Number: _____

List below all work performed under Office of Conservation Work Permits while drilling and completing well.

WORK PERMIT NO.	DATE WORK PERFORMED	SERVICE COMPANY	DESCRIPTION OF WORK

ADDITIONAL CASING / TUBING DATA

HOLE SIZE	CASING SIZE	CASING WEIGHT	DEPTH SET		SACKS CEMENT	TEST PRESSURE	HOURS UNDER PRESSURE	DATE TESTED (MM DD YY)	NAME OF TEST WITNESS (STATE IF CONSERVATION AGENT OR OFFSET OPERATOR)
			FROM	TO					

TUBING SIZE:		DEPTH OF TUBING:		DEPTH OF PACKERS:		

List below all important Paleofaunal or Geological Formation tops, Cap Rock and Salt Overhang bottoms.

FORMATION	DEPTH	FORMATION	DEPTH

Office of Conservation Use Only

Well Information Checked By: _____

Initials