



**IDAHO OIL AND GAS CONSERVATION COMMISSION**  
**WELL COMPLETION OR RECOMPLETION REPORT AND WELL REPORT**



DESIGNATE TYPE OF COMPLETION:

New Well  Work-Over  Deepen  Plug Back  Same Reservoir  Different Reservoir  Oil  Gas  Dry

Well Name/Number: \_\_\_\_\_ US Well Number: \_\_\_\_\_

Operator: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Field & Reservoir: \_\_\_\_\_ County: \_\_\_\_\_

Location: (Sec.-TWP-Range or Block & Survey): \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT, or GR)	Elevation of casing hd. Flange
Total depth	P.B.T.D. <sup>1</sup>	Single, dual, or triple completion	If this is a dual or triple completion, furnish separate report for each completion. Enter NA or Multiple; see separate report:	
Producing interval(s) for this completion		Rotary Tools used (interval)	Cable tools used (interval)	
Was this well directionally drilled? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was a directional survey made? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Was a copy of directional survey filed? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Date filed
Type of electrical or other logs run (check logs filed with the commission)				Date filed

<sup>1</sup> Plug Back Total Depth

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size Hole Drilled	Size Casing set	Weight (lb./ft.)	Depth set	Sacks Cement	Amount. Pulled

TUBING RECORD

LINER RECORD

Size: (ft)	Tubing Weight:	Depth: (ft)	Packer set at: (ft)	Size: (ft)	Top: (ft)	Bottom: (ft)	Sacks Cement:	Screen: (ft)

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & Type	Depth Interval	Amount & Kind of Material Used	Depth Interval

Date of First Production: \_\_\_\_\_

**NOTE: Please attach copies of ALL pressure tests performed including: multi-point tests, build-up tests, bottom-hole pressure tests, and RFT's.**

Date of Test	Hrs. Tested	Choke Size	Oil Prod. During Test (bbls.)	Gas Prod. During Test (MCF)	Water Prod. During Test (bbls.)
Tubing Pressure (PSI)	Casing Pressure (PSI)	BHP (PSI)	Oil Gravity *API (Corr)		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump):
Cal'ed Rate per 24 hrs	Oil (bbls.)	Gas (MCF)	Water (bbls.)	Gas—oil ratio	

Disposition of gas (state whether vented, used for fuel or sold): \_\_\_\_\_



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Well Name/Number: \_\_\_\_\_ US Well Number: \_\_\_\_\_

Operator: \_\_\_\_\_

**DETAIL OF FORMATIONS PENETRATED**

Formation	Top	Bottom	Description*

\*In accordance with IDAPA 20.07.02.10.58, describe the strata, water, oil, or gas encountered. Provide additional information as to give volumes, pressures, rate of fill-up, water depths, caving strata, etc, as is usually recorded in normal procedure of drilling. Show all important zones of porosity, lithologic description of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

**INSTRUCTIONS: IF NEEDED, PLEASE ATTACH A SEPARATE DOCUMENT FOR FORMATION DETAIL, IF PAGE TWO DOES NOT PROVIDE ENOUGH ROOM TO DO SO.**

CERTIFICATE: I, the undersigned, state that I am the \_\_\_\_\_  
of the \_\_\_\_\_ (company) and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

This Well Completion or Recompletion Report and Well Report shall be filed with the:

Idaho Department of Lands  
Oil and Gas Division  
300 N. 6<sup>th</sup> Street, Suite 103  
Boise, Idaho, 83702

not later than thirty (30) days after project completion as per Rule 20.07.02.340 and Idaho Code § 47-3.