



Well Completion or Recompletion Report and Well Report

IDAPA 20.07.02.340

This form is three (3) pages, please read and complete all sections.

Designate Type Of Completion

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

Well Information

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: _____ Plug Back Total Depth: _____

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 ☐ No ☐ Was a directional survey made? Yes ☐ No ☐

Was a copy of directional survey filed? Yes ☐ No ☐ Date filed: _____

Type of electrical or other logs run (check logs filed with the commission): _____

Date Logs filed: _____

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

Size: (ft)	Tubing Weight:	Depth: (ft)	Packer set at: (ft)

Liner Record

Size: (ft)	Top: (ft)	Bottom: (ft)	Sacks Cement:	Screen: (ft)

Perforation Record

Number per ft.	Size & Type	Depth Interval

Acid, Shot, Fracture, Cement Squeeze Record

Amount & Kind of Material Used	Depth Interval

Testing Data

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 First Production: _____ 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'ted Rate per 24 hrs: _____ Oil (bbls.): _____ Gas (MCF): _____

Water (bbls.): _____ Gas—oil ratio: _____

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

Well Name/Number:_____US Well Number:_____

Operator:_____

Detail Of Formations Penetrated

In accordance with IDAPA 20.07.02.340, 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. If needed, please attach a separate document for formation detail.

Formation	Top	Bottom	Description

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 not later than thirty (30) days after project completion as per IDAPA 20.07.02.340 and Idaho Code § 47-324.

Please file with:
Idaho Department of Lands
Minerals, Navigable Waters, Oil & Gas
300 N. 6 Street, Suite 103
Boise, Idaho, 83702