



Idaho Department of Lands  
Idaho Oil and Gas Conservation Commission



## Well Treatment Reporting

IDAPA 20.07.02.210.05

*This form is two (2) pages, please read and complete all sections.*

### Company and Well Information

Name Of Company: \_\_\_\_\_ Date: \_\_\_\_\_

Well Permit Number: \_\_\_\_\_ Well Name: \_\_\_\_\_

Daily production of oil, gas, and water before and after treatment.

Type	Daily Production Before Treatment	Daily Production After Treatment
Oil		
Gas		
Water		

Size and depth of perforations used: \_\_\_\_\_

Provide well completion field tickets or other information showing percentages by volume and total volumes of base treatment fluid, individual additives, and proppant(s).

Static pressure before: \_\_\_\_\_ Static pressure after: \_\_\_\_\_

Initial recovered treatment fluid volume: \_\_\_\_\_

Describe handling and disposal or reuse of recovered fluids: \_\_\_\_\_

### Additional Requirement for Hydraulic Fracturing Reports

Total volume of fluid pumped into the well: \_\_\_\_\_

The actual surface pressure and rate at the end of each fluid stage: \_\_\_\_\_

Actual flush volume, rate, and final pump pressure: \_\_\_\_\_

Instantaneous shut-in pressure: \_\_\_\_\_

Actual fifteen (15) minute and thirty (30) minute shut-in pressures (when available): \_\_\_\_\_

All boxes must be checked and the items completed.

- ☐ Attach Continuous Record of Annulus Pressure
- ☐ Attach copy of service contractor's job log (only if used in lieu of above information)
- ☐ Attach report of annulus pressure increases over 500 psi and description of corrective actions taken
- ☐ Attach results of post-treatment fluid analysis

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR IDL USE ONLY:**

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

*Compliance with IDAPA 20.07.02 is required. Please read these rules for specific details and reporting requirements.*