

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office*	2. Well Type*
3. Completion Type*	
Operating Company Information	
4. Company Name*	
5. Address*	6. Phone Number*
Administrative Contact Information	
7. Contact Name*	8. Title*
9. Address*	10. Phone Number*
	11. Mobile Number
12. E-mail*	13. Fax Number
Technical Contact Information	
<input type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name*	15. Title*
16. Address*	17. Phone Number*
	18. Mobile Number
19. E-mail*	20. Fax Number
Surface Location	
21. Specify location using one of the following methods: a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description	
State*	County or Parish*

Section	Township	Range	Meridian		
Qtr/Qtr	Lot #	Tract #	N/S Footage	E/W Footage	
Latitude	Longitude	Metes and Bounds			

Producing Interval Location					
22. Specify location or <input type="checkbox"/> Check here if the producing hole location is the same as the surface location.					
State*	County or Parish*				
Section	Township	Range	Meridian		
Qtr/Qtr	Lot #	Tract #	N/S Footage	E/W Footage	
Latitude	Longitude	Metes and Bounds			

Bottom Location					
23. Specify location or <input type="checkbox"/> Check here if the bottom hole location is the same as the surface location.					
State*	County or Parish*				
Section	Township	Range	Meridian		
Qtr/Qtr	Lot #	Tract #	N/S Footage	E/W Footage	
Latitude	Longitude	Metes and Bounds			

Lease and Agreement					
24. Lease Serial Number*					
26. If Unit or CA/Agreement, Name and/or Number			27. Field and Pool, or Exploratory Area*		

Well					
28. Well Name*		29. Well Number*		30. API Number	
31. Date Spudded	32. Date T.D. Reached	33. Date Completed	34. Elevations (DF, RKB, RT, GL)		
		<input type="checkbox"/> Dry & Abandoned <input type="checkbox"/> Ready to Produce			
35. Total Depth: MD ____		36. Plug Back Total Depth: MD ____		37. Depth Bridge Plug Set: MD ____	

TVD _____	TVD _____	TVD _____
38. Type Electric & Other Mechanical Logs Run <i>(Submit copy of each)</i> _____	39. Was Well Cored? <input type="radio"/> No <input type="radio"/> Yes <i>(Submit Analysis)</i> Was DST run? <input type="radio"/> No <input type="radio"/> Yes <i>(Submit Report)</i> Directional Survey? <input type="radio"/> No <input type="radio"/> Yes <i>(Submit Copy)</i>	

40. Casing and Liner Record *(Report all strings set in well)*

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled

41. Tubing Record <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Size</th> <th>Depth Set (MD)</th> <th>Packer Depth (MD)</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Size	Depth Set (MD)	Packer Depth (MD)										42. Producing Intervals <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Formation</th> <th>Top (MD)</th> <th>Bottom (MD)</th> </tr> <tr> <td>A) _____</td> <td> </td> <td> </td> </tr> <tr> <td>B) _____</td> <td> </td> <td> </td> </tr> <tr> <td>C) _____</td> <td> </td> <td> </td> </tr> <tr> <td>D) _____</td> <td> </td> <td> </td> </tr> </table>	Formation	Top (MD)	Bottom (MD)	A) _____			B) _____			C) _____			D) _____		
Size	Depth Set (MD)	Packer Depth (MD)																										
Formation	Top (MD)	Bottom (MD)																										
A) _____																												
B) _____																												
C) _____																												
D) _____																												

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status

44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material

45. Production Method and Well Status for Production Intervals

Production Method	Well Status
-------------------	-------------

46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke	Tubing Pressure	Casing Pressure	24 Hour Rate	Oil	Gas	Water	Gas/Oil Ratio	

Size	Flowing / Shut In			(BBL)	(MCF)	(BBL)		
			>>>>>					

47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
			>>>>>					
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

50. Disposition of Gas (Sold, used for fuel, vented, etc.)

51. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.					52. Formation (Log) Markers	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)	

53. Additional remarks (include plugging procedure):

Empty form area for document content.

54. Indicate which items have been attached by placing a check in the appropriate boxes:

Electrical/Mechanical Logs (1 full set req'd.)
 Geologic Report
 DST Report
 Directional Survey
 Sundry Notice for plugging and cement verification
 Core Analysis
 Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name	56. Title
57. Date* (MM/DD/YYYY) Today	58. Signature* <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Section 2 - System Receipt Confirmation		
59. Transaction	60. Date Sent	61. Processing Office

Section 3 - Internal Review #1 Status		
62. Review Category	63. Date Completed	64. Reviewer Name

65. Comments

Section 4 - Internal Review #2 Status		
66. Review Category	67. Date Completed	68. Reviewer Name
69. Comments		

Section 5 - Internal Review #3 Status		
70. Review Category	71. Date Completed	72. Reviewer Name
73. Comments		

Section 6 - Internal Review #4 Status		
74. Review Category	75. Date Completed	76. Reviewer Name
77. Comments		

Section 7 - Final Approval Status			
78. Disposition	79. Date Completed	80. Reviewer Name	81. Reviewer Title
82. Comments			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.