

State of West Virginia  
Department of Environmental Protection  
Office of Oil and Gas  
Well Operator's Report of Well Work

DATE: \_\_\_\_\_  
API #: \_\_\_\_\_

Farm name: \_\_\_\_\_ Operator Well No.: \_\_\_\_\_

LOCATION: Elevation: \_\_\_\_\_ Quadrangle: \_\_\_\_\_

District: \_\_\_\_\_ County: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Feet South of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.  
Longitude \_\_\_\_\_ Feet West of \_\_\_\_\_ Deg. \_\_\_\_\_ Min. \_\_\_\_\_ Sec.

Company:

Address:	Casing & Tubing	Used in drilling	Left in well	Cement fill up Cu. Ft.
Agent:				
Inspector:				
Date Permit Issued:				
Date Well Work Commenced:				
Date Well Work Completed:				
Verbal Plugging:				
Date Permission granted on:				
Rotary Cable Rig				
Total Vertical Depth (ft):				
Total Measured Depth (ft):				
Fresh Water Depth (ft.):				
Salt Water Depth (ft.):				
Is coal being mined in area (N/Y)?				
Coal Depths (ft.):				
Void(s) encountered (N/Y) Depth(s)				

OPEN FLOW DATA (If more than two producing formations please include additional data on separate sheet)

Producing formation \_\_\_\_\_ Pay zone depth (ft) \_\_\_\_\_  
Gas: Initial open flow \_\_\_\_\_ MCF/d Oil: Initial open flow \_\_\_\_\_ Bbl/d  
Final open flow \_\_\_\_\_ MCF/d Final open flow \_\_\_\_\_ Bbl/d  
Time of open flow between initial and final tests \_\_\_\_\_ Hours  
Static rock Pressure \_\_\_\_\_ psig (surface pressure) after \_\_\_\_\_ Hours

Second producing formation \_\_\_\_\_ Pay zone depth (ft) \_\_\_\_\_  
Gas: Initial open flow \_\_\_\_\_ MCF/d Oil: Initial open flow \_\_\_\_\_ Bbl/d  
Final open flow \_\_\_\_\_ MCF/d Final open flow \_\_\_\_\_ Bbl/d  
Time of open flow between initial and final tests \_\_\_\_\_ Hours  
Static rock Pressure \_\_\_\_\_ psig (surface pressure) after \_\_\_\_\_ Hours

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and all the attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the information is true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

