



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

NEW WELL WORKOVER DEEPEN PLUG BACK INJECTION SAME RESERVOIR DIFFERENT RESERVOIR OIL GAS DRY

OWNER		ADDRESS				
LEASE NAME		WELL NUMBER				
LOCATION OF WELL	SEC TWN RNG	OR	BLOCK AND SURVEY	LATITUDE	LONGITUDE	
Sec. __ Twp __ North, Rng __ <input type="checkbox"/> East <input type="checkbox"/> West		OR	_____ ft. from <input type="checkbox"/> North <input type="checkbox"/> South	_____ ft. from <input type="checkbox"/> East <input type="checkbox"/> West		
COUNTY	PERMIT NUMBER (OGC-3 OR OGC-31)					
DATE SPUDED	DATE TOTAL DEPTH REACHED	DATE COMPLETED READY TO PRODUCE OR INJECT	ELEVATION (DF, RKR, RT, OR Gr.) FEET	ELEVATION OF CASING HD. FLANGE		
TOTAL DEPTH	PLUG BACK TOTAL DEPTH					
PRODUCING OR INJECTION INTERVAL(S) FOR THIS COMPLETION			ROTARY TOOLS USED (INTERVAL) _____ TO _____	CABLE TOOLS USED (INTERVAL)		
WAS THIS WELL DIRECTIONALLY DRILLED?		WAS DIRECTIONAL SURVEY MADE?		WAS COPY OF DIRECTIONAL SURVEY FILED?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
TYPE OF ELECTRICAL OR OTHER LOGS RUN (JUST LOGS FILED WITH THE STATE GEOLOGIST)				DATE 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

LINER RECORD

SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
INCH	FEET	FEET	INCH	FEET	FEET		FEET

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

NUMBER PER FEET	SIZE AND TYPE	DEPTH INTERVAL	AMOUNT AND KIND OF MATERIAL USED	DEPTH INTERVAL

INITIAL PRODUCTION

DATE OF FIRST PRODUCTION OR INJECTION		PRODUCING METHOD (INDICATE IF FLOWING, GAS LIFT, OR PUMPING – IF PUMPING, SHOW SIZE AND TYPE OF PUMP.)				
DATE OF TEST	HOURS TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST	WATER PRODUCED DURING TEST	OIL GRAVITY
			BBLS	MCF	BBLS	API (CORR.)
TUBING PRESSURE	CASING PRESSURE	CALCULATED RATE OF PRODUCTION PER 24 HOURS		OIL	GAS	WATER
				BBLS	MCF	BBLS
DISPOSITION OF GAS (STATE WHETHER VENTED, USED FOR FUEL OR SOLD)						
METHOD OF DISPOSAL OF MUD PIT CONTENTS						

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 therein are true, correct and complete to the best of my knowledge.

DATE	SIGNATURE
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INSTRUCTIONS: Attach drillers log or other acceptable log of well.

* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

DETAIL OF FORMATIONS PENETRATED

FORMATION	TOP	BOTTOM	DESCRIPTION (SEE * ABOVE)