

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OIL AND GAS MANAGEMENT PROGRAM

	DEP US		
Site ID		Primary Fac	: ID
Client		Subfacility le	b

Completion Report

Well Information If you are submitting this Completion Report attached to the Well Record, you only need to enter the well API # in this section.									
If you are Well Operat		mpletion Report attache DEP		Well Record, yo Well API # (Per	u only n mit / Regi	eed to enter the well A	API # in this se pject Number	ection. Acres	
Address							Well #	Serial #	
City		State Zip	Code	County		i Mi	nicipality	Ochai II	
			Code						
Phone		Fax		Email			GS 7.5 min. qua	adrangle map	
Check the appropriate submission: Original Completion Report Amended Completion Report									
STIMULATION BASE FLUID List Water Management Plan Approved Water Source(s) that were used Water Management Plan ID No. Volume (Gallons)									
LIST W	ater management	Pian Approved water	Source	s) that were us	sea	Plan ID N	0.	Volume (Gallons)	
1.									
2.									
3.									
4.									
5.									
6.									
<u> </u>					<u>:</u>	Recycled '	Water Used		
	Other Base Fluid(s)Components Used								
1.									
2.									
					Total E	Base Fluid(s)/Compo	nents Used		
			PEF	RFORATION					
Stage No.	Stage No. Perforation Date Stage Perforated From Stage Perforated To (Vertical, Horizontal, Radial)							Formation	

STIMULATION FLUID ADDITVES									
Note: Trade secret or confic	dential proprietary information should be clearly identified a	s such and should b	e submitted on a se	parate sheet	attached to	this report.			
Descriptive Additive Type	Chemical Component(s) listed on Material Safety Data Sheet of the Additive	CAS No. of Chemical Component	Chemical Component % By Volume in Additive	Chemical Component % By Volume used in Each Stage					
				Stage No.	Stage No.	Stage No.	Stage No.	Stage No.	Stage No.
	Please insert additional c	opies of this page if	 additional rows/stac	les are neede	<u> </u> ed.				

STIMULATION INFORMATION (WELL)								
Open Flow Production:	24 Hr. Open F	low Production:	24 Hr. Shut-in Pressure	e:	Flow Back Date:			
STIMULATION INFORMATION (STAGE)								
Complete a separate record for each stimulation stage. (Please insert additional copies of this page for additional stages).								
Stage No.:		Stimulation Date:	Pump Rate:	Pump Rate:				
Pressure (psi):		Shut-in Surface Pressure:	5 Minute Sh	5 Minute Shut-in Surface Pressure:				
Propping Agent Type:		Propping Agent Amount:	Propping Ag	Propping Agent Size:				
Stage No.:		Stimulation Date:	Pump Rate:	Pump Rate:				
Pressure (psi):		Shut-in Surface Pressure:		5 Minute Sh	5 Minute Shut-in Surface Pressure:			
Propping Agent Type:		Propping Agent Amour	t:	Propping /	Propping Agent Size:			
Stage No.:		Stimulation Date:		Pump Rate:	Pump Rate:			
Pressure (psi):		Shut-in Surface Pressure:		5 Minute Sh	5 Minute Shut-in Surface Pressure:			
Propping Agent Type:		Propping Agent Amount:		Propping Ag	Propping Agent Size:			
Stage No.:		Stimulation Date:	Pump Rate:	Pump Rate:				
Pressure (psi):		Shut-in Surface Pressure:	5 Minute Shut-in Surface Pressure:					
Propping Agent Type: Pro		Propping Agent Amount:	Propping Ag	Propping Agent Size:				
Stage No.:		Stimulation Date:	Pump Rate:	Pump Rate:				
Pressure (psi):		Shut-in Surface Pressure:	5 Minute Sh	5 Minute Shut-in Surface Pressure:				
Propping Agent Type:		Propping Agent Amount:	Propping A	Propping Agent Size:				
Stage No.:		Stimulation Date:	Pump Rate:	Pump Rate:				
Pressure (psi): Shut-in Surface Pressure		Shut-in Surface Pressure:	5 Minute Shut-in Surface Pressure			sure:		
Propping Agent Type:		Propping Agent Amount:	Propping Ag	Propping Agent Size:				
WELL SERVICE COMPANIES	(Provide the	name, address, and	telephone number	of all well ser	ice companies	involved.)		
Name		Name		Name				
Address Address				Address				
City – State- Zip City – State – Zip				City – State – Zip				
Phone	Phone			Phone				
I do hereby certify to the Completion Report is true ar including the possibility of fin	nd correct.	I am aware that the						
Well Operator's Signature				DEP US	E ONLY			
			Reviewed by:			Date:		
Title:	Date:		Comments:					