

| STIMULATION INFORMATION (WELL) | | | |
|---|------------------------------|------------------------------------|-----------------|
| Open Flow Production: | 24 Hr. Open Flow Production: | 24 Hr. Shut-in Pressure: | 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: | |
| Pressure (psi): | Shut-in Surface Pressure: | 5 Minute Shut-in Surface Pressure: | |
| Propping Agent Type: | Propping Agent Amount: | Propping Agent Size: | |
| Stage No.: | Stimulation Date: | Pump Rate: | |
| Pressure (psi): | Shut-in Surface Pressure: | 5 Minute Shut-in Surface Pressure: | |
| Propping Agent Type: | Propping Agent Amount: | Propping Agent Size: | |
| Stage No.: | Stimulation Date: | Pump Rate: | |
| Pressure (psi): | Shut-in Surface Pressure: | 5 Minute Shut-in Surface Pressure: | |
| Propping Agent Type: | Propping Agent Amount: | Propping Agent Size: | |
| Stage No.: | Stimulation Date: | Pump Rate: | |
| Pressure (psi): | Shut-in Surface Pressure: | 5 Minute Shut-in Surface Pressure: | |
| Propping Agent Type: | Propping Agent Amount: | Propping Agent Size: | |
| Stage No.: | Stimulation Date: | Pump Rate: | |
| Pressure (psi): | Shut-in Surface Pressure: | 5 Minute Shut-in Surface Pressure: | |
| Propping Agent Type: | Propping Agent Amount: | Propping Agent Size: | |
| WELL SERVICE COMPANIES (Provide the name, address, and telephone number of all well service companies involved.) | | | |
| Name | Name | Name | |
| Address | Address | Address | |
| City – State- Zip | City – State – Zip | City – State – Zip | |
| Phone | Phone | Phone | |
| <i>I do hereby certify to the best of my knowledge, information and belief that the information contained on this Completion Report is true and correct. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment..</i> | | | |
| Well Operator's Signature | | DEP USE ONLY | |
| Title: _____ Date: _____ | | Reviewed by: _____ | Date: _____ |
| | | Comments: _____ | |