



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

DEP USE ONLY	
Site ID	Primary Facility ID
Client Id	Sub Facility Id

## Well Record

### WELL INFORMATION

Well Operator	DEP ID#	Well API # 37- - -	Well Farm Name	Well #
Address		LAT ° ' "	NAD 83	Project Number
City		State	Zip	Municipality
Phone	Fax	Email		USGS 7.5 min. quadrangle map

Check the appropriate Submission:  Original Well Record  Amended Well Record

<b>Well Type</b>	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Combination Oil & Gas <input type="checkbox"/> CBM <input type="checkbox"/> Injection <input type="checkbox"/> Disposal <input type="checkbox"/> Storage	Wellbore Conditioning:						
<b>Well Orientation</b>	<input type="checkbox"/> Vertical <input type="checkbox"/> Deviated from Vertical (Top & Side views & Deviation Survey must be attached)							
<b>Drilling Method(s)</b>	<input type="checkbox"/> Rotary – Air ' <input type="checkbox"/> Rotary – Mud ' <input type="checkbox"/> Cable Tool ' <input type="checkbox"/> Other _____							
Drilling Started	Drilling Complete	Date Well Completed	Surface Elev. ft.	True Vertical Depth ft.	Total Measured Depth ft.	GW Depth ft.	Depth of DFGW ft.	DFGW decided by: 0

### CEMENT

Cement returned on surface casing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, provide depth to top of cement and method used to determine:					
Cement returned on coal protective casing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, provide depth to top of cement and method used to determine: <input type="checkbox"/> NA					
Cement returned on intermediate casing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, provide depth to top of cement and method used to determine: <input type="checkbox"/> NA					
Casing String	Type/Class of Cement (Lead/Tail)	Slurry Temp F°	Amount of Cement (sks) (Lead/Tail/Total)	WOC hrs	Wt PPG	Yld /ft <sup>3</sup> /sk	Gas Migration Controls Used
Conductor	/	°	/ /				What controls were used if any (additives/hardware. Specify type and depth applicable).
Surface	/	°	/ /				
Coal Protective	/	°	/ /				
Intermediate	/	°	/ /				
Production	/	°	/ /				
	/	°	/ /				
If additional strings attach form(s)			Total	/	/		

### CASING AND TUBING

Hole Size	Pipe Size	Wt #/ft.	Grade Casing / Tubing Type	Thread / Weld – New/ Used	Amount in Well (ft.)	Hardware - Baskets / Packer / Centralizers (Total/String)	Date Run
Type	Size	Depth					
				-			
				-			
				-			
				-			
				-			

If any casing is welded, provide the name(s) of the welder(s):

**WELL SERVICE COMPANIES** (Provide the name, address, and telephone number of all well service companies involved.)

Casing Source/Manufacturer	Cementing Company	Hardware Supplier	Logging Company
Name	Name	Name	Name
Address	Address	Address	Address
City – State- Zip	City – State – Zip	City – State – Zip	City – State – Zip
Phone	Phone	Phone	Phone

Also complete the Log of Formations on back (page 2)

## LOG OF FORMATIONS

Well API#: 37- - - - -

*(If you will need more space than this page, please photocopy the blank form before filling it in.)*

Formation Name or Lithology	Top (feet)	Bottom (feet)	Gas at (feet)	Oil at (feet)	Water at (fresh / brine; ft.)	Source of Data
	-----0					

**If no show of oil, gas or water, explain why:**

*I do hereby certify to the best of my knowledge, information and belief that the well identified on this Well Record has been properly cased and cemented in accordance with the requirements of 25 Pa. Code Chapter 78 and any conditions contained in the permit for this well. In addition, I do hereby certify that any casing which is attached to a blow-out preventer with a pressure rating greater than 3,000 psi has passed a pressure test in accordance with 25 Pa. Code §78.84(f). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<b>Well Operator's Signature</b>		<b>DEP USE ONLY</b>	
	Reviewed by:	Date:	
Title:	Date:	Comments:	