



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

Completion Report

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

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.					
Well Operator	DEP ID#	Well API # 37 - - - -	Well Farm Name	Well #	
Address		LAT - ° ' "	NAD 83	Project Number	Serial #
City		State	Zip Code	Municipality	
Phone	Fax	Email		USGS 7.5 min. quadrangle map	
Check the appropriate submission: <input type="checkbox"/> Original Completion Report <input type="checkbox"/> Amended Completion Report					
STIMULATION BASE FLUID					
List Water Management Plan Approved Water Source(s) that were used			Water Management Plan ID No.	Volume (Gallons) Fresh Recycled	
1.					
2.					
3.					
4.					
5.					
6.					
			DEP Biologist Review	Total Gallons of Water Used	
Other Base Fluid(s) Used				Quantity and /UOM	
1.				/	
2.				/	
Total Quantity all Fluid(s)				/	
STIMULATION/PRODUCTION INFORMATION (WELL)					
Radioactive tracers used? Checked is Yes <input type="checkbox"/>	24 Hr. Open Flow Production (MCF/Day) / Date		24 Hr. Shut-in Pressure:/ Date		Begin Flowback/Prod Date:
Well Products:	<input type="checkbox"/> Gas Btu	<input type="checkbox"/> Oil API G	<input type="checkbox"/> Condensate API G	<input type="checkbox"/> Other	<input type="checkbox"/> GOR
WELL SERVICE COMPANIES (Provide the name, address, and telephone number of all well service companies involved.)					
Perforation Company		Frac Company		Plug Drill Out/Flow Back Company	
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		
Printed Name, Title:			Reviewed by:		
Date:			Date:		
			Comments:		

STIMULATION INFORMATION / STAGE

Complete a separate record for each stimulation stage. (Please insert additional lines for additional stages or additional pages as applicable).

Stg #	Stimulation Date	Ave Pump Rate (BPM)	Ave Treatment Pressure (PSI)	Max Breakdown Pressure (PSI)	ISIP (PSI)	Proppant Type	Proppant Mesh Size(s)
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