



**WELL COMPLETION/
RE-COMPLETION REPORT**

Form No. R3 (Formerly Form No. R4-8-1991)
Revised on 8/16/1999

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Phone (317) 232-4055
FAX (317) 232-1550
Internet: <http://www.state.in.us/dnroil>

Purpose of report

Completion Re-completion Conversion

Check here if you want the completion information to remain confidential for 1 year.

FOR STATE USE ONLY

Date filed _____ Date released _____

PART I GENERAL INFORMATION

Name of operator		Telephone number () -	Permit number
Address of operator (<input type="checkbox"/> Check here if this is a new address)			
City		State	Zip code

PART II LOCATION INFORMATION

Name of lease		Well number	Elevation (G.L.)
Section	Township	Range	¼ ¼ ¼ Footage's: ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line
County	Distance to the nearest well capable of producing from the same formation _____ ft. Note: This information is only required for Oil, Gas and Dual completion wells.		

PART III WELL CONSTRUCTION

NOTE: This information is not required for Geologic/ structure test wells or Individual/ county test holes

Casing Specifications			Cement (In Sacks or Cubic Feet)				Hole	
Casing size O.D. (Inches)	Wt./ ft. (lbs.) - Grade	Setting depth	Stage 1 Volume	Stage 1 Class- yield per sack	Stage 2 or total volume if 1 stage	Stage 2 or total Class- yield per sack	Depth	Diameter (Inches)
Surface	lbs. -	ft.		-		-	ft.	
Intermed.	lbs. -	ft.		-		-	ft.	
Long str.	lbs. -	ft.		-		-	ft.	
Tubing	lbs. -	ft.						

Packer setting depth _____ ft.	Centralizers at _____ ft. _____ ft. _____ ft. _____ ft.	NOTE: For Class II Enhanced recovery and Saltwater disposal wells the well construction information must match the specifications of the written permit. If the information is different you must submit form no. A7 to request a modification of the existing permit conditions.
Packer setting depth _____ ft.	Casing perforated From _____ ft. to _____ ft.	
Packer setting depth _____ ft.	From _____ ft. to _____ ft.	
	From _____ ft. to _____ ft.	

PART IV COMPLETION INFORMATION

Completion type (Check one only)

<input type="checkbox"/> Dry hole	<input type="checkbox"/> Gas storage/ observation well	<input type="checkbox"/> Enhanced recovery Class II well
<input type="checkbox"/> Oil well	<input type="checkbox"/> Geologic/ structure test well	<input type="checkbox"/> Dual completion Oil/ Class II well
<input type="checkbox"/> Gas well	<input type="checkbox"/> Non potable water supply well	<input type="checkbox"/> Dual completion Gas/ Class II well
<input type="checkbox"/> Non commercial gas well	<input type="checkbox"/> Saltwater disposal Class II well	

Date (Enter one only)	Tools	Total Depths
Completed	.	Drillers ft.
Re-completed	Rotary from ft. to ft.	Loggers ft.
Converted	Cable from ft. to ft.	

IMPORTANT: THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE WELL COMPLETION OR RE-COMPLETION

Continued on next page

3. You must submit 3 copies of ALL geophysical logs run on this well.