

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
REPORT OF SUNDRY WELL OPERATIONS

1. Operations Performed:	Susp Well Insp <input type="checkbox"/>	Plug Perforations <input type="checkbox"/>	Fracture Stimulate <input type="checkbox"/>	Pull Tubing <input type="checkbox"/>	Operations shutdown <input type="checkbox"/>
	Install Whipstock <input type="checkbox"/>	Perforate <input type="checkbox"/>	Other Stimulate <input type="checkbox"/>	Alter Casing <input type="checkbox"/>	Change Approved Program <input type="checkbox"/>
	Mod Artificial Lift <input type="checkbox"/>	Perforate New Pool <input type="checkbox"/>	Repair Well <input type="checkbox"/>	Coiled Tubing Ops <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

2. Operator Name: _____	4. Well Class Before Work: Development <input type="checkbox"/> Exploratory <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Service <input type="checkbox"/>	5. Permit to Drill Number: _____
3. Address: _____		6. API Number: _____

7. Property Designation (Lease Number): _____	8. Well Name and Number: _____
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9. Logs (List logs and submit electronic data per 20AAC25.071): _____	10. Field/Pool(s): _____
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11. Present Well Condition Summary:

Total Depth	measured _____ feet	Plugs	measured _____ feet
	true vertical _____ feet	Junk	measured _____ feet
Effective Depth	measured _____ feet	Packer	measured _____ feet
	true vertical _____ feet		true vertical _____ feet

Casing	Length	Size	MD	TVD	Burst	Collapse
Structural						
Conductor						
Surface						
Intermediate						
Production						
Liner						

Perforation depth	Measured depth _____ feet	True Vertical depth _____ feet			
Tubing (size, grade, measured and true vertical depth)	_____	_____	_____	_____	_____
Packers and SSSV (type, measured and true vertical depth)	_____	_____	_____	_____	_____

12. Stimulation or cement squeeze summary:

Intervals treated (measured): _____

Treatment descriptions including volumes used and final pressure: _____

13a.	Representative Daily Average Production or Injection Data				
	Oil-Bbl	Gas-Mcf	Water-Bbl	Casing Pressure	Tubing Pressure
	Prior to well operation: _____	_____	_____	_____	_____
Subsequent to operation: _____	_____	_____	_____	_____	

13b. Pools active after work: _____

14. Attachments (required per 20 AAC 25.070, 25.071, & 25.283)	15. Well Class after work:
Daily Report of Well Operations <input type="checkbox"/>	Exploratory <input type="checkbox"/> Development <input type="checkbox"/> Service <input type="checkbox"/> Stratigraphic <input type="checkbox"/>
Copies of Logs and Surveys Run <input type="checkbox"/>	16. Well Status after work:
Electronic Fracture Stimulation Data <input type="checkbox"/>	GSTOR <input type="checkbox"/> WINJ <input type="checkbox"/> WAG <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> WDSPL <input type="checkbox"/> GINJ <input type="checkbox"/> SUSP <input type="checkbox"/> SPLUG <input type="checkbox"/>

17. I hereby certify that the foregoing is true and correct to the best of my knowledge.	Sundry Number or N/A if C.O. Exempt: _____
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Authorized Name and Digital Signature with Date: _____	Contact Name: _____
Authorized Title: _____	Contact Email: _____
	Contact Phone: _____
Sr Pet Eng: _____	Sr Pet Geo: _____
	Sr Res Eng: _____