

North Dakota State Industrial Commission

SUBSURFACE MINERALS

WELL COMPLETION REPORT

Permit No. _____

Date _____

Operator: _____

Address: _____

Well Designation _____ Well No. _____

Location _____ section _____ Twp _____ N. Rge _____ W. Elevation _____

Date Well Spudded _____ Date Well Completed _____

List Electric or other logs run _____

Total Depth _____ Producing Formation _____

Intervals Cored _____

Disposition of Cores _____

CASING RECORD

| Size | Put in Well | | Left in Well | | No. Sacks | Size | Put in Well | | Left in Well | | No. Sacks |
|------|-------------|-----|--------------|-----|-----------|------|-------------|-----|--------------|-----|-----------|
| | Ft. | In. | Ft. | In. | Cement | | Ft. | In. | Ft. | In. | Cement |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

EXECUTED THIS _____ DAY OF _____, 20_____. _____
(Company or Operator)

STATE OF _____ } ss _____ (Signature) _____ (Title)

COUNTY OF _____

Before me the undersigned authority, on this day personally _____ appeared known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is authorized to make this report and has knowledge of the facts stated herein and that said report is true and correct.

Subscribed and sworn to before me this the _____ day of _____, 20_____.

My Commission expires _____ Notary Public in and for _____