WELL COMPLETION OR RECOMPLETION REPORT - FORM 6

DEPARTMENT OF MINERAL RESOURCES OIL AND GAS DIVISION 600 EAST BOULEVARD DEPT 474 BISMARCK, ND 58505-0614 SFN 2468 (04-2010)

Well File No.	

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

PLEASE SUBMIT	THE ORIGINA	L AND ONE	COPY.																			
Designate Type of	•																					
Oil Well	EOR			omplet				oened \	Well	A	dde	ed Horiz	ontal Le	g Ex	tended Horiz	ontal Leg						
Gas Well	SWD	Well	Wat	er Sup	ply We	ell	Othe	r:	10		_											
Well Name and N	umber								Spa	cing Unit	Des	scription	l									
Operator					Telep	hone Nun	nber		Field													
					<u> </u>																	
Address									Poo	I												
City State					Zip Code					mit Type												
						Wildcat			Deve	velopment Extension												
					L	OCATI	ON	OF W	/ELL	_												
At Surface					Qtr-Q	tr	Secti	ion	T	ownship		Rang		County								
F Spud Date	F L F Spud Date Date TD Reached			L	Drillin	g Contractor and Rig			Number K			B Floys	w tion (Ft)	Graded Elevation (Ft)								
Spuu Date		ale ID Reach	eu			y Contrac	ioi ai	iu Kig	Nulli	DEI		D LIEV	ilion (Fi)	Graded Lie	valion (Ft)							
Type of Electric ar	nd Other Logs F	Run (See Inst	ructions	s)																		
		CASIN	IG & .	TUBL	JLAR	S RECO	ORD	(Ren	ort :	all strin	as	set ir	well)									
		String	<u></u>		Set	Depth S		Hole Si		Weight	_	Anchor		Packer Set	Sacks	Top of						
Well Bore	Vell Bore Type Size (Inc				D Ft)	(MD F		(Inch))	(Lbs/Ft)		(MD	=t)	(MD Ft)	Cement	Cement						
									-		+											
									+													
			P	FRFC)RAT	ION & 0	OPF	и но	IFI	NTERV	ΔΙ	S										
			• •			/Perforate				Top of	T											
Well Bore	Well Bore TD Drillers Depth	Complet			(MD,Ft)		Kick-o		Casing	sing Da		erf'd	Date	Isolation	Sacks							
Well Bore	(MD Ft)	Туре		To		Bottom	,	(MD F		Window (MD Ft)		or Drilled		Isolated	Method	Cement						
							_		+	(IVID FI)												
									+													
											-											
						PRO	אווח	CTION	d .													
Current Producing	Open Hole or l	Perforated Int	terval(s). This	Comp					D Ft)			Name o	f Zone (If Diff	erent from Po	ool Name)						
	,		(5)	,,					, (,						,						
Date Well Comple	eted (SEE INST	RUCTIONS)	Prod	ducing	Metho	d Pu	ımpin	g-Size	& Ty	pe of Pun	пр		W	/ell Status (Pi	roducing or S	hut-In)						
Data of Tast	Hours Taire	Chales C'-	+			0.1	I /Di-1	.) I.	00 /14	IOE/ IVA/	o= /'	Dhl-)	Oil Oil	it. ADL (O-	\ D:== - :!!	on of Occ						
Date of Test	Hours Tested	Choke Size /6	4 Pi	roducti	on for	Test OII	l (Bbls	s) Ga	as (IVI	ICF) Wat	er (I	DDIS)	Oii Grav	rity-API (Corr	.) Disposition	on of Gas						
Flowing Tubing Pr	ressure (PSI)	Flowing Cas		ssure	(PSI)	Ca	alcula	ited	Oil (Bbls)	G	as (MC	F) W	/ater (Bbls)	Gas-Oil Rati	0						
		J	_			24-	Hour	Rate	<u> </u>	,		,										
					-																	

GEOLOGICAL MARKERS

PLUG BACK INFORMATION

Formation	ī	MD (Ft)		D (Ft)	1	Well Bo	ra			Type of Plug			p (Ft		Bottom	/Et)	Sacks C	`ament
FUIIIIauGii		IVID (FI)	1 v	J (Fi)	ĺ	AAGII DO	IE	-		Type or ray	9	10	φ (ι ι	$^{\prime}$	DULLUITI	(F <i>i</i>)	Sauns	emen
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		 			ĺ	Top (Ft)	DU	ttom (Ft)		Formatio	n	Top (F	τ)	DU	ttom (Ft)		Formation	n
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Drill Stem Test							_							_				
	Formation	in	$\overline{}$	Top (Ft	t)	Bottom (Ft)	ВH	Temp (°F) (CL ppm	H2S p	nm	Sh	ut-ir	n 1 (PSIG	:) [Shut-in 2 (P	PSIG)
Tool Date	l' Onnicase.	11		, OP (,	Dollom (. 5)		TOTAL (Ή.	OL PP		γρι		u	11 (, [) i i i i i i i i i i i i i i i i i i i	0.0,
Drill Pipe Recovery									_									
Sample Chamber Re	covery																	
Test Date	Formation	in		Top (Ft	+)	Bottom (Ft)	ВH	Temp (°F) (CI nnm	H2S p	nm	Sh	ut-jr	n 1 (PSIG	:) 5	Shut-in 2 (P	PSIG)
Test Date	l omiano.	11			.)	Dolloin (1 s)	D	Tomp (. ,	' [`	OL ppiii	1120 2	рш		ut ii	11 (1 5.5	, I,) ut- 1	0,0,
Drill Pipe Recovery				-		<u></u>												
Sample Chamber Re	covery																	
Test Date	Formation	ın.		Top (Ft	+)	Bottom (Ft)	ВH	Temp (0F	۱ (CL ppm	H2S p	nm	Sh	+_ir	n 1 (PSIG	·) (Shut-in 2 (P	ocic)
Test Date	Fumation	11		100 (11	.)	Dollom (1 t)	יוט	Temp ()	Ί	OL ppiii	1 120 p	рш	311	ut-ii	11 (1010	, [Mutili Z (i	310)
Drill Pipe Recovery																		
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Drill Pipe Recovery									_		<u>. I </u>							-
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Test Date	Formation	n		Top (Ft	:)	Bottom (Ft)	ВН	Temp (৺⊢) [ˈ	CL ppm	H2S p	ppm	Sn	ut-ır	n 1 (PSIG)	Shut-in 2 (P	'SIG)
Drill Pipe Recovery					—		<u> </u>		_									
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Sample Chamber Re	covery																	

Well Specific Stimulations Date Stimulated Stimulated Formation Top (Ft) Bottom (Ft) Stimulation Stages Volume Volume Units Type Treatment Acid % Lbs Proppant Maximum Treatment Pressure (PSI) Maximum Treatment Rate (BBLS/Min) Details Date Stimulated Stimulated Formation Top (Ft) Bottom (Ft) Stimulation Stages Volume Volume Units Type Treatment Acid % Lbs Proppant Maximum Treatment Pressure (PSI) Maximum Treatment Rate (BBLS/Min) Details Date Stimulated Stimulated Formation Top (Ft) Bottom (Ft) Stimulation Stages Volume Volume Units Acid % Lbs Proppant Maximum Treatment Pressure (PSI) Maximum Treatment Rate (BBLS/Min) Type Treatment Details Date Stimulated Stimulated Formation Top (Ft) Bottom (Ft) Stimulation Stages Volume Volume Units Maximum Treatment Pressure (PSI) Type Treatment Acid % Lbs Proppant Maximum Treatment Rate (BBLS/Min) Details Top (Ft) Stimulated Formation Date Stimulated Bottom (Ft) Stimulation Stages Volume Volume Units Lbs Proppant Type Treatment Acid % Maximum Treatment Pressure (PSI) Maximum Treatment Rate (BBLS/Min) Details ADDITIONAL INFORMATION AND/OR LIST OF ATTACHMENTS I hereby swear or affirm that the information **Email Address** Date provided is true, complete and correct as determined from all available records. Signature Printed Name Title

WELL COMPLETION OR RECOMPLETION REPORT - FORM 6 SFN 2468

- This report shall be filed by the operator with the Commission immediately after the completion of a well in an unspaced pool or reservoir. Please refer to Section 43-02-03-31 of the North Dakota Administrative Code (NDAC).
- 2. This report shall be filed by the operator with the Commission within thirty (30) days after the completion of a well, or recompletion of a well in a different pool. Please refer to Section 43-02-03-31 NDAC.
- 3. The well file number, operator, well name and number, field, pool, permit type, well location(s), and any other pertinent data shall coincide with the official records on file with the Commission. If it does not, an explanation shall be given.
- 4. If a parasite string was used in the drilling of a well, the size, depth set, cement volume used to plug, and the date plugged shall be included. This information may be included in the "Additional Information" portion of the report or included as an attachment.
- 5. In the "Perforation & Open Hole Intervals" table, each borehole should be identified in the "Well Bore" column (vertical, sidetrack 1, lateral 1, etc.). On horizontal or directional wells, the following information shall be entered in the table if applicable: pilot hole total depth, kick-off point, casing windows, original lateral total depth, and all sidetracked interval starting and ending footages.
- 6. In the "Production" section, list all the <u>current</u> producing open hole or perforated intervals associated with the production rates reported. Oil, gas, and water rates and recoveries from perforations or laterals tested but <u>not</u> included in the completion should be included in the "Additional Information" portion of the report or included as an attachment.
- 7. In The "Date Well Completed" portion of the form please report the appropriate date as follows:
 - An oil well shall be considered completed when the first oil is produced through wellhead equipment into tanks from the ultimate producing interval after casing has been run.
 - A gas well shall be considered complete when the well is capable of producing gas through wellhead equipment from the ultimate producing zone after casing has been run.
 - For EOR or SWD wells, please report the date the well is capable of injection through tubing and packer into the permitted injection zone. Also, please report the packer type and depth and the tubing size, depth, and type. The packer and tubing type may be included in the "Additional Information" portion of the report.
- 8. The top of the Dakota Formation shall be included in the "Geological Markers."
- 9. Stimulations for laterals can be listed as a total for each lateral.
- 10. The operator shall file with the Commission two copies of all logs run. Logs shall be submitted as one digital TIFF (tagged image file format) copy and one digital LAS (log ASCII) formatted copy, or a format approved by the Director. In addition, operators shall file two copies of drill stem test reports and charts, formation water analyses, core analyses, geologic reports, and noninterpretive lithologic logs or sample descriptions if compiled by the operator.
- 11. A certified copy of any directional survey run shall be filed directly with the Commission by the survey contractor.
- 12. The original and one copy of this report shall be filed with the Department of Mineral Resources, Oil and Gas Division, 600 East Boulevard, Dept. 474, Bismarck, ND 58505-0614.