

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

1. Operations Performed: Abandon Repair Well Plug Perforations Stimulate Other _____
 Alter Casing Pull Tubing Perforate New Pool Waiver Time Extension _____
 Change Approved Program Operat. Shutdown Perforate Re-enter Suspended Well

2. Operator Name: _____
 3. Address: _____
 4. Well Class Before Work: Development Exploratory
 Stratigraphic Service
 5. Permit to Drill Number: _____
 6. API Number: _____

7. KB Elevation (ft): _____ 9. Well Name and Number: _____

8. Property Designation: _____ 10. Field/Pool(s): _____

11. Present Well Condition Summary:

Total Depth measured _____ feet Plugs (measured) _____
 true vertical _____ feet Junk (measured) _____

Effective Depth measured _____ feet
 true vertical _____ feet

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

Perforation depth: Measured depth: _____
 True Vertical depth: _____

Tubing: (size, grade, and measured depth) _____

Packers and SSSV (type and measured depth) _____

12. Stimulation or cement squeeze summary:
 Intervals treated (measured): _____
 Treatment descriptions including volumes used and final pressure: _____

13. Representative Daily Average Production or Injection Data

| | Oil-Bbl | Gas-Mcf | Water-Bbl | Casing Pressure | Tubing Pressure |
|--------------------------|---------|---------|-----------|-----------------|-----------------|
| Prior to well operation: | | | | | |
| Subsequent to operation: | | | | | |

14. Attachments:
 Copies of Logs and Surveys Run _____
 Daily Report of Well Operations _____

15. Well Class after work: Exploratory Development Service
 16. Well Status after work: Oil Gas WAG GINJ WINJ WDSPL

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: _____

Contact _____
 Printed Name _____ Title _____
 Signature _____ Phone _____ Date _____