

28. GEOLOGIC MARKERS (List all formations and markers encountered):			29. FORMATION TESTS
NAME	MD	TVD	Well tested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list intervals and formations tested, briefly summarizing test results. Attach separate sheets to this form, if needed, and submit detailed test information per 20 AAC 25.071.
Permafrost - Top Permafrost - Base			
Formation at total depth:			
30. List of Attachments:			
31. I hereby certify that the foregoing is true and correct to the best of my knowledge.			Contact: _____
Printed Name: _____		Title: _____	
Signature: _____		Phone: _____	Date: _____

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases in Alaska. Submit a well schematic diagram with each 10-407 well completion report and 10-404 well sundry report when the downhole well design is changed.

Item 1a: Classification of Service wells: Gas Injection, Water Injection, Water-Alternating-Gas Injection, Salt Water Disposal, Water Supply for Injection, Observation, or Other. Multiple completion is defined as a well producing from more than one pool with production from each pool completely segregated. Each segregated pool is a completion.

Item 4b: TPI (Top of Producing Interval).

Item 8: The Kelly Bushing and Ground Level elevations in feet above mean sea level. Use same as reference for depth measurements given in other spaces on this form and in any attachments.

Item 13: The API number reported to AOGCC must be 14 digits (ex: 50-029-20123-00-00).

Item 20: Report true vertical thickness of permafrost in Box 20. Provide MD and TVD for the top and base of permafrost in Box 28.

Item 22: Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 23: If this well is completed for separate production from more than one interval (multiple completion), so state in item 1, and in item 23 show the producing intervals for only the interval reported in item 26. (Submit a separate form for each additional interval to be separately produced, showing the data pertinent to such interval).

Item 26: Method of Operation: Flowing, Gas Lift, Rod Pump, Hydraulic Pump, Submersible, Water Injection, Gas Injection, Shut-in, or Other (explain).

Item 27: Provide a listing of intervals cored and the corresponding formations, and a brief description in this box. Submit detailed description and analytical laboratory information required by 20 AAC 25.071.

Item 29: Provide a listing of intervals tested and the corresponding formation, and a brief summary in this box. Submit detailed test and analytical laboratory information required by 20 AAC 25.071.