

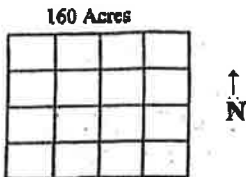
UNITED STATES
DEPARTMENT OF THE INTERIOR
OSAGE AGENCY
P.O. Box 1539



Pawhuska, Oklahoma 74056
Report of Completed & Deepened Wells
Within the Osage Reservation

OMB Control No. 1076-0180
Exp. Date: 01/31/2020

One original must be filed within
10 days after completion of well.



Spot well on Plat

Specify type of well

Oil, Gas, CBM, SWD, Dry, etc. _____

Company operating _____ Address _____

Lessee _____ Lessor **OSAGE TRIBE**

Well No. _____ 1/4 Sec. _____ Twp. _____ Rge. _____ Farm name _____

Well located _____ ft from [N] line, _____ [E] line, Elevation GL _____ DF _____ KB _____

Elevation and location surveyed by _____

Drilling contractor(s) _____ Began _____, 20 _____ Finished _____, 20 _____

Cable drilled interval and bit size(s) _____

Mud Air Rotary drilled interval & bit size(s) _____

Size	Casing Record		Cementing Contractor		Cement used; include type, gel, additives
	Wt.	Landed at	Interval cemented		
_____ ins.	_____ lbs./ft.	_____ ft.	_____ to _____	_____	_____
_____ ins.	_____ lbs./ft.	_____ ft.	_____ to _____	_____	_____
_____ ins.	_____ lbs./ft.	_____ ft.	_____ to _____	_____	_____

Interval(s) perforated _____ holes _____ to _____; _____ holes _____ to _____; _____ holes _____ to _____

Interval(s) left open _____; Interval(s) shut off _____ and method _____

Plug back depth _____ Packer set? _____ Setting depth _____ Packer left in? _____

How were fresh water and other zones protected? _____

Flow Pump Swab Bail Initial 24 hour Production Rate Before Treatment

Casing Tubing Choke size _____ Oil _____ bbls., Gas _____ MCF, Water _____ bbls.

Duration of test _____ hrs.; Gravity _____ API FTP _____ psi SICP _____ psi SITP _____ psi

Formation treatment (shot, acid, fracture, etc.) Indicate amount of materials used (i.e., nitro, sand, water, acid, & other additives) and breakdown pressure.

_____ Feet to _____
_____ Feet to _____
_____ Feet to _____

Flow Pump Initial 24 hour Production Rate After Treatment and Recovery of Load

Casing Tubing Choke size _____ Oil _____ bbls., Gas _____ MCF, Water _____ bbls.

Duration of test _____ hrs., Gravity _____ API FTP _____ psi SICP _____ psi SITP _____ psi

Location fee paid _____ Date _____ Amount \$ _____

Signature _____ Position with Lessee _____

