

**COMMONWEALTH OF KENTUCKY**  
 DEPARTMENT FOR NATURAL RESOURCES  
 DIVISION OF OIL AND GAS  
 300 SOWER BLVD  
 FRANKFORT, KY 40601  
 502-573-0147



**AFFIDAVIT OF WELL LOG  
 AND COMPLETION REPORT  
 AS REQUIRED BY LAW**

(TYPE OR PRINT IN INK)

OPERATOR'S PHONE: \_\_\_\_\_

<b>WELL IDENTIFICATION</b> PERMIT NO. _____ OPERATOR _____ MINERAL OWNER _____ WELL NO. _____				<b>TYPE OF COMPLETION (CHECK ONE)</b> DRY HOLE..... <input type="checkbox"/> OIL..... <input type="checkbox"/> GAS..... <input type="checkbox"/> DOMESTIC GAS..... <input type="checkbox"/> ENHANCED RECOVERY: SERVICE WELL: WATER INJECTION..... <input type="checkbox"/> WATER SUPPLY..... <input type="checkbox"/> GAS INJECTION..... <input type="checkbox"/> SALT WATER DISPOSAL... <input type="checkbox"/> GAS STORAGE: OBSERVATION..... <input type="checkbox"/> INJECTION-EXTRACTION.. <input type="checkbox"/> OTHER..... <input type="checkbox"/> OTHER DESCRIBE _____																																	
<b>TYPE OF OPERATION</b> TWIN..... <input type="checkbox"/> REOPEN..... <input type="checkbox"/> NEW WELL..... <input type="checkbox"/> WORKOVER..... <input type="checkbox"/> DEEPENING..... <input type="checkbox"/>		<b>LOCATION</b> COUNTY _____ SEC. _____, LTR. _____, NO. _____ <input type="checkbox"/> FNL <input type="checkbox"/> FEL <input type="checkbox"/> FSL <input type="checkbox"/> FWL		(D.F.) ELEVATION _____ (GROUND) _____ (K.B.)																																	
<b>OPERATIONAL DATES</b> COMMENCED _____ COMPLETED _____ PLACED IN OPERATION _____ PLUGGED _____ SHUT-IN _____				<b>WELL TREATMENT TYPE OF FRAC.</b> SHOT TYPE SHOT _____ SHOT INTERVAL _____ SHOT AMOUNT _____ <b>COMPLETION INTERVAL, PERFORATIONS OR OPEN HOLE</b> FORMATION _____ INTERVAL _____ FORMATION _____ INTERVAL _____ PLUGGED _____ SHUT-IN _____ <b>TREATMENT</b> TYPE OF TREATMENT _____ ACID AMOUNT _____ BBLS. _____ 2ND STAGE _____ BBLS. TOTAL FLUID _____ BBLS. _____ 2ND STAGE _____ BBLS. TOTAL NITROGEN _____ SCF TOTAL SAND _____ LBS																																	
<b>DRILLING CONTRACTOR</b> NAME _____ ADDRESS _____				<b>ADDITIONAL CEMENTING</b> SQUEEZE CEMENT _____ SKS. _____ TOP _____ INTERVAL PLUG BACK _____ SKS. _____ TOP _____ INTERVAL																																	
<b>WATER ENCOUNTERED</b> (FRESH, SALT, SULFUR) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">TYPE</th> <th style="width:33%;">FROM</th> <th style="width:33%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				TYPE	FROM	TO																<b>INITIAL TEST VOLUMES</b> OIL: NATURAL _____ B/D _____ DATE AFTER TREATMENT _____ B/D _____ DATE GAS: NATURAL _____ MCF _____ DATE AGAINST BACKPRESSURE OF _____ PSI SHUT-IN PRESSURE _____ AFTER _____ HOURS AFTER TREATMENT _____ MCF _____ DATE AGAINST BACKPRESSURE OF _____ PSI SHUT-IN PRESSURE _____ AFTER _____ HOURS															
TYPE	FROM	TO																																			
<b>COMMENTS</b> _____ _____ _____				<b>HORIZONTAL FRACTURING-STIMULATION SUMMARY</b> NUMBER OF STAGES _____ BEGINNING PRODUCTION (MEASURED DEPTH) _____ FT ENDING PRODUCTION (MEASURED DEPTH) _____ FT <b>ATTACH COPIES OF STIMULATION TREATMENT REPORT PROVIDED BY THE SERVICE COMPANY</b> <b>ATTACH COPY OF FRACFOCUS REGISTRY (IF APPLICABLE)</b>																																	
<b>GEOPHYSICAL LOGS RUN (AS REQUIRED BY KRS 353.550(2))</b> (ELECTRICAL, INDUCTION, SONIC, GAMMA RAY, NEUTRON, DENSITY, ETC.) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">TYPE</th> <th style="width:33%;">FROM</th> <th style="width:33%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				TYPE	FROM	TO													<b>TRUE VERTICAL DEPTH</b> _____ <b>TOTAL MEASURED DEPTH</b> _____																		
TYPE	FROM	TO																																			
<b>CASING DATA</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">CASING OUTSIDE DIAMETER</th> <th style="width:15%;">HOLE DIAMETER</th> <th style="width:15%;">DEPTH</th> <th style="width:15%;">CEMENT NO. SKS.</th> <th style="width:15%;">PULLED YES/NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				CASING OUTSIDE DIAMETER	HOLE DIAMETER	DEPTH	CEMENT NO. SKS.	PULLED YES/NO																										CEMENT YIELD IN CUBIC FEET/SACK = _____ COMMENTS _____			
CASING OUTSIDE DIAMETER	HOLE DIAMETER	DEPTH	CEMENT NO. SKS.	PULLED YES/NO																																	

THIS FORM MUST BE COMPLETED AND FILED FOR EVERY PERMIT IMMEDIATELY AFTER COMPLETION OF THE WELL. RE-OPENED WELLS NEED NOT INCLUDE A DRILLER'S LOG. HOWEVER, THE FRONT SIDE OF THIS FORM MUST BE COMPLETED. INCOMPLETE FORMS WILL BE REJECTED.

**FORMATION RECORD**

FROM	TO	ROCK TYPE (DESCRIBE ROCK TYPES AND OTHER MATERIALS PENETRATED AND RECORD OCCURENCES OF OIL, GAS AND WATER FROM SURFACE TO TOTAL DEPTH.)	FROM	TO	ROCK TYPE (DESCRIBE ROCK TYPES AND OTHER MATERIALS PENETRATED AND RECORD OCCURENCES OF OIL, GAS AND WATER FROM SURFACE TO TOTAL DEPTH.)

**AFFIDAVIT**

\_\_\_\_\_ OPERATOR OF THE WELL CAPTIONED AS PERMIT NUMBER \_\_\_\_\_  
 DOES HEREBY SWEAR THAT THE DEPTH OF THE WELL IS ACCURATE AND CORRECT AND DOES NOT EXCEED THE PERMITTED  
 TRUE VERTICAL DEPTH OF \_\_\_\_\_.

IF ANY ENTITY OTHER THAN A SOLE PROPRIETORSHIP, SIGNATORY MUST BE AN OFFICER OF THE ENTITY OR PROVIDE POWER  
 OF ATTORNEY TO EXECUTE DOCUMENTS. IF A SOLE PROPRIETORSHIP, SIGNATORY MUST BE SAME OR PROVIDE POWER OF  
 ATTORNEY TO EXECUTE DOCUMENTS.

SIGNATURE OF OPERATOR \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ MY COMMISSION EXPIRES

\_\_\_\_\_ NOTARY PUBLIC