

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



# Class II Well Re-Work Report

Salt Water Disposal                       Secondary Recovery                       Hydrocarbon Storage

D.O.G. Permit No \_\_\_\_\_ EPA Identification No KYS \_\_\_\_\_

Well Owner/Operator \_\_\_\_\_

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mineral Owner Name \_\_\_\_\_ Well No \_\_\_\_\_ County \_\_\_\_\_

Carter Coordinate Location  
 FNL                       FEL  
 FSL                       FWL    SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_

Date Re-work Commenced \_\_\_\_\_ Date Re-work Completed \_\_\_\_\_

**Well casing record – Before Re-Work**

Casing		Cement		Perforations		Acid or fracture treatment records
Size	Depth	Sacks	Type	From	To	

**Well casing record – After Re-Work (Indicate Additions or Changes Only)**

Casing		Cement		Perforations		Acid or fracture treatment records
Size	Depth	Sacks	Type	From	To	

If Packer was removed or replaced due to loss of Mechanical Integrity, document work performed below.  
 \_\_\_\_\_  
 \_\_\_\_\_

Packer Depth: \_\_\_\_\_ Ft. (Attach additional information as needed)

GEOPHYSICAL LOGS RUN	LOGGED INTERVALS

**CERTIFICATION**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals performing well re-work activity, I believe that the information is true, accurate, and complete.

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