

## END OF OPERATIONS REPORT (EOR)

1. <input type="checkbox"/> COMPLETION <input type="checkbox"/> ABANDONMENT		2. BSEE OPERATOR NO.		3. OPERATOR NAME and ADDRESS <i>(Submitting office)</i>	
<input type="checkbox"/> CORRECTION					
4. WELL NAME (CURRENT)	5. SIDETRACK NO. (CURRENT)	6. BYPASS NO. (CURRENT)			
7. API WELL NO. (CURRENT SIDETRACK / BYPASS) (12 DIGITS)			8. PRODUCING INTERVAL CODE		
<b>WELL AT TOTAL DEPTH</b>					
9. LEASE NO.	10. AREA NAME	11. BLOCK NO.	12. LATITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific)		13. LONGITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific)
<b>WELL STATUS INFORMATION</b>					
14. Well Status	15. Type Code	16. Well Status Date		17. <input type="checkbox"/> MD _____ TVD _____ Total Depth _____	
<b>WELL AT PRODUCING ZONE</b>					
18. LEASE NO.	19. AREA NAME	20. BLOCK NO.	21. LATITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific)		22. LONGITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific)
23. COMPLETION DATE:		24. DATE OF FIRST PRODUCTION:		25. ISOLATED DATE:	
<b>PERFORATED INTERVAL(S) THIS COMPLETION</b>					
26. TOP (MD):		27. BOTTOM (MD)		28. TOP (TVD)	
30. RESERVOIR NAME(S):			31. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION		
<b>HYDROCARBON BEARING INTERVALS</b>					
32. INTERVAL NAME:	33. TOP (MD)	34. BOTTOM (MD)	34(a). BOTTOMHOLE PRESSURE (PSI)	34(b). BOTTOMHOLE TEMPERATURE	35. TYPE OF HYDROCARBON
<b>SIGNIFICANT MARKERS Penetrated (account for all markers identified on APD)</b>					
36. INTERVAL NAME:			37. TOP (MD)	38. REASON IF MARKER NOT PENETRATED	
<b>SUBSEA COMPLETION</b>					
39. SUBSEA COMPLETION? Yes/No	40. IF YES: PROTECTION PROVIDED? Yes/No		41. BUOY INSTALLED? Yes/No	42. TREE HEIGHT ABOVE ML(ft):	

## End of Operations Report (EOR) Con't.

### ABANDONMENT HISTORY OF WELL [Plug Information]

43. Plug Type	44. Plug Remarks/Description	45. Top of Plug (MD)	46. Bottom of Plug (MD)	47. Date Installed	48. Date Tested
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					
<input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP					

\* If more plugs are needed than the above amount, please attach another sheet to identify the other plugs\*

Definitions for Plug Type  
 DCP - Downhole Cement Plug including Cmt. Retainer w/Cmt, CI BP w/Cmt, zones squeezed.  
 PTP - Permanent Tubing Plug  
 ICP - Intermediate Cement Plug  
 SCP - Surface Cement Plug  
 ACP - Annulus Cement Plug

## End of Operations Report (EOR) Con't.

### ABANDONMENT HISTORY OF WELL [Casing Information]

49. CASING SIZE:	50. CASING CUT DATE:	51. CASING CUT METHOD:	52. CASING CUT DEPTH:

### ABANDONMENT HISTORY OF WELL [Obstruction Information]

47. Type of Obstruction:	48. Protection Provided: Yes/No	49. Obstruction Height Above ML (ft):	50. Buoy Installed? Yes/No
CONTACT NAME:		CONTACT TELEPHONE NO.:	CONTACT E-MAIL ADDRESS:

**CERTIFICATION:** I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. BSEE uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is approximately 2 hours per response. This includes the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166