

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		
WELL AT TOTAL DEPTH					
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)
WELL STATUS INFORMATION					
14. Well Status	15. Type Code	16. Well Status Date		17 <input type="checkbox"/> MD _____ TVD _____ Total Depth _____	
WELL AT PRODUCING ZONE					
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:	
PERFORATED INTERVAL(S) THIS COMPLETION					
26.TOP (MD):		27. BOTTOM (MD)		28. TOP (TVD)	
30. RESERVOIR NAME(S):			31. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION		
HYDROCARBON BEARING INTERVALS					
32. INTERVAL NAME:		33. TOP (MD)	34. BOTTOM (MD)	35. TYPE OF HYDROCARBON	
SIGNIFICANT MARKERS Penetrated (account for all markers identified on APD)					
36. INTERVAL NAME:			37. TOP (MD)	38. REASON IF MARKER NOT PENETRATED	
SUBSEA COMPLETION					
39. SUBSEA COMPLETION? Yes/No	40. IF YES: PROTECTION PROVIDED? Yes/No		41. BUOY INSTALLED? Yes/No	42. TREE HEIGHT ABOVE ML(ft):	

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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					
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* 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

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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.