

U.S. Department of the Interior
Minerals Management Service (MMS)

Submit ORIGINAL plus TWO copies,
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OMB Control Number 1010-0046
OMB Approval Expires XX/XX/2005

END OF OPERATIONS REPORT (Replaces Well Summary Report)

1. <input type="checkbox"/> COMPLETION <input type="checkbox"/> WORKOVER <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> CORRECTION <input type="checkbox"/> OTHER _____		2. API WELL NO. (12 Digits)		3. PRODUCING INTERVAL CODE		4. OPERATOR NAME and ADDRESS <i>(Submitting Office)</i>		
5. WELL NAME		6. SIDETRACK NO.		7. BYPASS NO.		8. MMS OPERATOR NO.		
WELL AT TOTAL DEPTH				WELL AT PRODUCING ZONE				
9. LEASE NO.				14. LEASE NO.				
10. AREA NAME				15. AREA NAME				
11. BLOCK NO.				16. BLOCK NO.				
12. LATITUDE <input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27		13. LONGITUDE <input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27		17. LATITUDE <input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27		18. LONGITUDE <input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27		
WELL STATUS INFORMATION								
19. WELL STATUS		20. TYPE CODE	21. WELL STATUS DATE		22. KOP (MD) ST / BP		23. TOTAL DEPTH (Surveyed) MD _____ TVD _____	
PERFORATED INTERVAL(S) THIS COMPLETION								
24. TOP (MD)		25. BOTTOM (MD)		26. TOP (TVD)		27. BOTTOM (TVD)		
28. RESERVOIR NAME				29. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION				
SUBSEA COMPLETION								
30. PROTECTION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO			31. BUOY INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO			32. TREE HEIGHT ABOVE MUDLINE		
HYDROCARBON BEARING INTERVALS								
33. INTERVAL NAME		34. TOP (MD)		35. BOTTOM (MD)		36. TYPE OF HYDROCARBON		

END OF OPERATIONS REPORT (Continued)

LIST OF SIGNIFICANT MARKERS PENETRATED

37. NAME	38. TOP (MD)	37. NAME	38. TOP (MD)

ABANDONMENT HISTORY OF WELL

39. CASING SIZE	40. CASING CUT DATE	41. CASING CUT METHOD	42. CASING CUT DEPTH
43. TYPE OF OBSTRUCTION	44. PROTECTION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	45. BUOY INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO	46. OBSTRUCTION HEIGHT ABOVE MUDLINE
47. CONTACT NAME	48. CONTACT TELEPHONE NO.	49. CONTACT E-MAIL ADDRESS	
50. AUTHORIZING OFFICIAL (Type or Print Name)		51. TITLE	
52. AUTHORIZING SIGNATURE		53. 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. MMS 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 250.196. 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 estimated to average 1 hour per response, including 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, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.