FORM GSB-6
542-0941

Iowa Department of Natural Resources

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

CHECK TYPE OF COMPLETION

☐ New Well ☐ Worked Over ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Different Reservoir ☐ Oil ☐ Gas

DESCRIPTION OF WELL AND LEASE

OPERATOR	ADDRESS

LEASE NAME	WELL NUMBER

LOCATION	SEC.	T. N.	R. (E) (W)

COUNTY	PERMIT NUMBER	DATE ISSUED	PREVIOUS PERMIT NUMBER	DATE ISSUED

DATE SPUDDED	DATE TOTAL DEPTH REACHED	DATE COMPLETED, READY TO PRODUCE	TOTAL DEPTH	PLUG BACK TOTAL DEPTH

ELEVATION (G.R., D.F., R.T., K.B.., ETC.)	ELEVATION CASING HEAD FLANGE

PRODUCING INTERVAL(S) FOR THIS COMPLETION	ROTARY TOOLS USED (INTERVAL)	CABLE TOOLS USED (INTERVAL)

TYPE OF ELECTRICAL OR OTHER LOGS RUN	DATE FILED

CASING RECORD

PURPOSE	SIZE HOLE DRILLED	SIZE CASING SET	WEIGHT (LB/FT.)	DEPTH SET	SACKS CEMENT	AMOUNT PULLED

TUBING RECORD

SIZE	DEPTH SET	PACKER SET AT
IN.	FT.	FT.

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN (FT.)
IN.	FT.	FT.		

PERFORATION RECORD

NUMBER PER FT.	SIZE AND TYPE	DEPTH INTERVAL

ACID, SHOT, FRACTURE, CEMENT SQUEEZE

AMOUNT & KIND OF MATERIAL USED	DEPTH INTERVAL

INITIAL PRODUCTION

DATE FIRST PROD.	PROD. METHOD (INDICATE IF FLOWING. GAS LIFT OR PUMPING -- IF PUMPING, SHOW SIZE & TYPE PUMP)

TEST DATE	HRS. TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED	WATER PRODUCED	OIL GRAVITY
			BBLS	MEF	BBLS.	API (CORR.)

TUBING PRESSURE	CASING PRESSURE	CALCULATED RATE OF: OIL GAS WATER	GAS - OIL RATIO
		PROD. PER 24 HRS. BBLS. MCF BBLS.	

_____
(LESSEE OR OPERATOR)

STATE OF _____)
) **SS.**
COUNTY OF _____)

_____
(SIGNATURE) (TITLE)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, on this day personally appeared _____ *known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein and that the report is true and correct.*

Subscribed and sworn to me this _____ *day of* _____ *, 20* _____ **.**

My Commission expires: _____

_____
NOTARY PUBLIC