Reset Form

# WELL REWORK REPORT

State Form 55069 (8-12) / Form No. R9

**INDIANA DEPARTMENT OF NATURAL RESOURCES**
Division of Oil and Gas
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Indianapolis, IN 46204
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**Purpose of report**

This form should be used to report the re-work or re-construction of an existing well.

| FOR STATE USE ONLY | |
|---|---|
| Date filed | Date released |
| | |

## PART I GENERAL INFORMATION

| Name of operator | Telephone number ( ) - | Permit number |
|---|---|---|
| Address of operator ( ☐ Check here if this is a new address ) | | |
| City | State | ZIP code |

## PART II LOCATION INFORMATION

| Name of lease | | | Well number | | | Elevation (G.L.) |
|---|---|---|---|---|---|---|
| Section | Township | Range | ¼ | ¼ | ¼ | Footage's: ft. from ☐N, ☐S, ☐NW, ☐SE line<br>ft. from ☐E, ☐W, ☐NE, ☐SW line |
| County | | | | | | |

## PART III WELL CONSTRUCTION AFTER REWORK

| Casing Specifications | | | Cement (In Sacks or Cubic Feet) | | | | Hole | |
|---|---|---|---|---|---|---|---|---|
| Casing size O.D. ( Inches) | Wt./ ft. ( lbs. ) - Grade | Setting depth | Stage 1 Volume | Stage 1 Class- yield per sack | Stage 2 or total volume if 1 stage | Stage 2 or total Class- yield per sack | Depth | Diameter (Inches) |
| Surface | lbs. | ft. | | | | | ft. | |
| Intermed. | lbs. | ft. | | | | | ft. | |
| Long str. | lbs. | ft. | | | | | ft. | |
| Liner | lbs. | ft. | | | | | ft. | |
| Tubing | lbs. | ft. | | | | | | |

Packer setting depth _____ ft.
Packer setting depth _____ ft.
Packer setting depth _____ ft.

CIBP depth _____ ft.
CIBP depth _____ ft.

Centralizers at _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft. _____ ft.

Casing perforated From _____ ft. to _____ ft. formation
From _____ ft. to _____ ft. formation
From _____ ft. to _____ ft. formation
From _____ ft. to _____ ft. formation
Open hole: From _____ ft. to _____ ft. formation

## PART IV COMPLETION INFORMATION

| **Geophysical Logs** *(Submit 2 copies of each new log that was run)* | **Completion Interval Changes** | **Type of Rework (Squeeze, Perforate, Plugback, etc.)** |
|---|---|---|
| | From ft. to ft | |
| | From ft. to ft | |
| | From ft. to ft | |
| **Date of Well Re-work or Re-construction:** | | Enter plugback depth:_____ |

## PART V AFFIRMATION

**I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.**

| Typed or printed name of operator or authorized agent | |
|---|---|
| Signature of operator or authorized agent | Date signed: |

Note: If an additional explanation is needed, please attach a separate sheet with a detailed description of the work that was performed. If the well has been deepened, please report that activity on Form R3-Completion/Recompletion Report.