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COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: _____	4. Contact Name _____
2. Name of Operator: _____	_____
3. Address: _____	Phone: _____
City: _____ State: _____ Zip: _____	Fax: _____

5. API Number 05- _____	6. County: _____
7. Well Name: _____	Well Number: _____
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____	

Complete the
Attachment
Checklist

OP OGCC

wellbore diagram		

FORMATION: _____	Status _____
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Treatment Date: _____	Date of First Production this formation: _____
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Perforations Top: _____ Bottom: _____	No. Holes _____	Hole size: _____
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Provide a brief summary of the formation treatment: _____ Open Hole ☐

This formation is commingled with another formation ☐

Test Information:

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H ₂ O: _____
Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H ₂ O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke size: _____	
Gas Disposition: <input type="text"/>	Gas Type: <input type="text"/>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeezed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____			

FORMATION: _____	Status _____
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Treatment Date: _____	Date of First Production this formation: _____
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Perforations Top: _____ Bottom: _____	No. Holes _____	Hole size: _____
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Provide a brief summary of the formation treatment: _____ Open Hole ☐

This formation is commingled with another formation ☐

Test Information:

Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H ₂ O: _____
Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H ₂ O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke size: _____	
Gas Disposition: <input type="text"/>	Gas Type: <input type="text"/>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____	Squeezed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____			

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: _____ Email: _____

Signature: _____ Title: _____ Date: _____