

**Florida  
Department of  
Environmental Protection**

**Oil&Gas Form 9**

Form Title:

**WELL COMPLETION REPORT  
(FIRST PRODUCTION OR RETEST REPORT)**

Date Revised: March, 1998

Incorporated by Reference in: Section 62C-26.008, F.A.C.

File this report with the Florida Department of Environmental Protection, Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400 (phone 850/245-8336), within 30 days after testing. Email: OGP@dep.state.fl.us

Type of Report: \_\_\_\_\_ (First Production or Retest?)

Permit Number: \_\_\_\_\_

A. P. I. Number: \_\_\_\_\_

Field: \_\_\_\_\_

Time Gauged or Metered: \_\_\_\_\_

Operator: \_\_\_\_\_

Opening Tank Gauge: \_\_\_\_\_ Ft. \_\_\_\_\_ In.

Well Name & Number: \_\_\_\_\_

Closing Tank Gauge: \_\_\_\_\_ Ft. \_\_\_\_\_ In.

Difference: \_\_\_\_\_ Ft. \_\_\_\_\_ In.

Type of Well (Oil or Gas): \_\_\_\_\_

Volume Metered: \_\_\_\_\_

County: \_\_\_\_\_

Tank Co-Eff. (Bbls./In.) \_\_\_\_\_

Location (Section Calls, Section, T, R) \_\_\_\_\_

Oil \_\_\_\_\_ Bbls. per \_\_\_\_\_ Hrs.

Gas \_\_\_\_\_ M.C.F. per \_\_\_\_\_ Hrs.

Salt Water \_\_\_\_\_ Bbls. per \_\_\_\_\_ Hrs.

Oil \_\_\_\_\_ Estimated Bbls. per Day

Salt Water \_\_\_\_\_ Estimated Bbls. per Day

Gas \_\_\_\_\_ Estimated M.C.F. per Day

Date Completed: \_\_\_\_\_

Flowing or Pumping: \_\_\_\_\_

Production Horizon: \_\_\_\_\_

Choke Size: \_\_\_\_\_ Type: \_\_\_\_\_

Producing From: \_\_\_\_\_ To: \_\_\_\_\_

If pumping, Strokes/Min.: \_\_\_\_\_

Perforated From: \_\_\_\_\_ To: \_\_\_\_\_

Gas Oil Ratio: \_\_\_\_\_

Oil String Size: \_\_\_\_\_ Seat: \_\_\_\_\_

Tubing Pressure: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Bottom: \_\_\_\_\_

Casing Pressure: \_\_\_\_\_

Total Depth: \_\_\_\_\_

Volume or Percent B. S. & W.: \_\_\_\_\_

Elevation: DF \_\_\_\_\_ KB \_\_\_\_\_ GL \_\_\_\_\_

Corrected Gravity: \_\_\_\_\_ A.P. I. \_\_\_\_\_

Type of Subsurface Safety Device: \_\_\_\_\_

Amount of Oil Produced Prior to Test: \_\_\_\_\_

Depth Set: \_\_\_\_\_ DF Ht.: \_\_\_\_\_

BHSI Pressure: \_\_\_\_\_

Gauged By: \_\_\_\_\_  
(Name) (Title)

Witnessed By: \_\_\_\_\_  
(Name) (Title)

[Type here]

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OPERATOR'S STATEMENT

State: \_\_\_\_\_

County: \_\_\_\_\_

I, \_\_\_\_\_, am the \_\_\_\_\_

(Name)

(Title)

of \_\_\_\_\_ and attest that all information contained herein is true and correct.

(Name of Company)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_