

## WELL RECORD OR HISTORY (Oil & Gas Form 2)

| Permit no |  |
|-----------|--|
|-----------|--|

Mail to Oil and Gas Supervisor, Department of Natural Resources, Division of Geology and Earth Resources, MS 47007, Olympia, WA 98504-7007, not more than thirty (30) days after completion or plugging and abandonment of well. Follow instructions in Section 344-12-070, Washington Administrative Code [http://apps.leg.wa.gov/wac/default.aspx?cite=344]. Indicate questionable data by following it with a question mark (?).

| Company or operator                                 |                               |                           | Lease               |  |                       |  |  |
|---|-------------------------------|---------------------------|---------------------|--|-----------------------|--|--|
| Field or vicinity, well n                           |                               |                           | o in                |  | of section,           |  |  |
| TNR,  |                               |                           | County. Well is     | fe   | eet □ north / □ south |  |  |
| of the $\square$ north / $\square$ so               |                               |                           |                     | $\square$ east / $\square$ west of the $\square$ east / $\square$ west line of section |                       |  |  |
| Latitude/Longitude (a                               | decimal degrees, to four pla  | aces minimum)             |                     |  |                       |  |  |
| Lessor  |                               |                           | Lessee              |  |                       |  |  |
| Address   |                               |                           | Address             |  |                       |  |  |
| Phone   | Email                         |                           |                     | Email  |                       |  |  |
| Drilling commenced on                               |                               | Drilling was completed on |                     |  |                       |  |  |
| Drilling contractor _                               |                               |                           | Company             |  |                       |  |  |
| Address  Elevation above sea level at top of casing |                               |                           | Phone               | Email _  |                       |  |  |
|   |                               |                           | feet. Total depth _ |  | feet.                 |  |  |
|   | OIL A                         | AND GAS SA                | ANDS OR ZONES       |  |                       |  |  |
| No. 1, from   | to                            | feet                      | No. 4, from         | to   | feet                  |  |  |
| No. 2, from   | to                            | feet                      | No. 5, from         | to   | feet                  |  |  |
| No. 3, from   | to                            | feet                      | No. 6, from         | to   | feet                  |  |  |
|   | IM                            | PORTANT V                 | VATER SANDS         |  |                       |  |  |
| Include data on rate of                             | of water inflow and elevation | on to which wat           | er rose in hole.    |  |                       |  |  |
| No. 1, from   | to                            | feet                      |                     |  |                       |  |  |
| No. 2, from   | to                            | feet                      |                     |  |                       |  |  |
| No. 3, from   | to                            | feet                      |                     |  |                       |  |  |
| No. 4, from   | to                            | feet                      |                     |  |                       |  |  |

## CASING, LINER, AND TUBING RECORD

| String        | Size           | Wt./F                            | `t.                 | Name and type   | Length Ft. In.                                | Depth set at                 | Perforated<br>From To |
|---------------|----------------|----------------------------------|---------------------|---|---|------------------------------|-----------------------|
|               |                |                                  | CEME                | NT AND TESTI  | NG RECORD                                     |                              |                       |
| ze of<br>Hole | String         | Where Cement<br>Placed           | No. Sacks<br>Cement | Method  | Pressure<br>in Testing                        | Hardness<br>of Cement        | Kind of<br>Cement     |
|               |                |                                  |                     |   |   |                              |                       |
|               |                |                                  |                     | LUGS AND ADA  | APTERS  |                              |                       |
|               |                | RECOR                            |                     |   | IEMICAL TREA                                  | <b>TMENT</b>                 |                       |
| Size          | Shell used     | RECOR Explosive or chemical used | D OF SHO            |   |   | FMENT  Depth shot or treated | <b>Depth</b> cleaned  |
|               |                | Explosive or chemical used       | D OF SHO            | OOTING OR CE  | Date  Date  ND SPECIAL TE                     | Depth shot or treated        | cleaned               |
|               |                | Explosive or chemical used       | D OF SHO            | OOTING OR CE  | Date  Date  ND SPECIAL TE                     | Depth shot<br>or treated     | cleaned               |
| drill-ste     | m or other spe | Explosive or chemical used       | D OF SHO            | OCTING OR CHE Quantity  ORILL-STEM A rical surveys were | Date  Date  ND SPECIAL TE made, submit report | Depth shot or treated        | cleaned               |

## RECORD OF DRILLING MUD

| PRODUCTION  Put to producing on Production of the first 24 hours was barrels of fluid of wh % was oil; % emulsion; % water; and % sediment. Gravity API [If gas well, cubic feet per 24 hours | Provide volumes and general chemical composition                      | on of drilling mud and add                              | litives used.           |              |           |
|---|---|---|-------------------------|--------------|-----------|
| Put to producing on Production of the first 24 hours was barrels of fluid of wh   |   |   |                         |              |           |
| Put to producing on Production of the first 24 hours was barrels of fluid of wh   |   |   |                         |              |           |
| Put to producing on Production of the first 24 hours was barrels of fluid of wh   |   |   |                         |              |           |
| Put to producing on Production of the first 24 hours was barrels of fluid of wh   |   |   |                         |              |           |
|   |   | PRODUCTION  | N                       |              |           |
| If gas well, cubic feet per 24 hours  | Put to producing on Pro   | ut to producing on Production of the first 24 hours was |                         |              |           |
| Gallons condensate per 1,000 cu. ft. of gas   | % was oil; % emulsion;  | % water; and  | % sediment.             | Gravity API  |           |
| EMPLOYEES   | If gas well, cubic feet per 24 hours                                  |   |                         |              |           |
|   | Gallons condensate per 1,000 cu. ft. of gas                           |   | Rock pressure, lbs. per | sq. in       |           |
| I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION GIVEN HEREWITH IS A COMPLETE AND CORRECT RECORD OF THE WELL AND ALL WORK DONE ON IT SO FAR AS CAN BE DETERMINED FROM AVAILABLE RECORDS.  Subscribed and sworn to before me  This day of   |   | <b>EMPLOYEES</b>  | 5                       |              |           |
| I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION GIVEN HEREWITH IS A COMPLETE AND CORRECT RECORDS.  Subscribed and sworn to before me  This  |   | , Driller   |                         |              | , Driller |
| I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION GIVEN HEREWITH IS A COMPLETE AND CORRECT RECORDS.  Subscribed and sworn to before me  This  |   | , Driller   |                         |              | , Driller |
| OF THE WELL AND ALL WORK DONE ON IT SO FAR AS CAN BE DETERMINED FROM AVAILABLE RECORDS.  Subscribed and sworn to before me  This day of   |   |   |                         |              |           |
| Place  My commission expires:  Notary Public  Signature:  Name:  Position:  Representing (company or operator):  Address:  Phone:   | OF THE WELL AND ALL WORK DONE ON IT Subscribed and sworn to before me | SO FAR AS CAN BE DI                                     | ETERMINED FROM          |              |           |
| Notary Public  Signature:  Name:  Position:  Representing (company or operator):  Address:  Phone:  | •   |   |                         | Place        |           |
| Signature:  |   | My com  | nmission expires:       | <del> </del> |           |
| Name:  Position:  Representing (company or operator):  Address: Phone:  | Notary Public   |   |                         |              |           |
| Name:  Position:  Representing (company or operator):  Address: Phone:  |   |   |                         |              |           |
| Representing (company or operator):  Address:  Position:  Phone:  |   | Signatur  | re:                     |              |           |
| Representing (company or operator):  Address:  Phone:   |   | Name:   |                         |              |           |
| Address: Phone:   |   | Position  | :                       |              |           |
|   | Representing (company or operator):                                   |   |                         |              |           |
| City/State/Zip: Email:  | Address:  |   |                         | Phone:       |           |
|   | City/State/Zip:   |   |                         | Email:       |           |

## FORMATION RECORD

|      |    | Thickness |           |
|------|----|-----------|-----------|
| From | To | in feet   | Formation |
|      |    |           |           |
|      |    |           |           |
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