

Well Name \_\_\_\_\_



DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF GAS AND OIL  
P.O. BOX 159, 135 HIGHLANDS DRIVE  
LEBANON, VA 24266  
(276) 415-9700

REPORT OF COMPLETION OF WORK IF DRILLING, REDRILLING OR DEEPENING IS INVOLVED

DRILLING CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

GEOLOGICAL TARGET FORMATION: \_\_\_\_\_  
DEPTH OF COMPLETED WELL: \_\_\_\_\_

DRILLING RIG: Rotary \_\_\_\_\_/ Cable tool \_\_\_\_\_/

GEOLOGICAL DATA:

	DEPTH		THICKNESS
TOP		BOTTOM	

Fresh water:

Salt water:

Geothermal  
Resources:

The data on depth of strata is based on the source (s) checked below:

- \_\_\_\_\_ Applicant's own drilling experience in the area
- \_\_\_\_\_ Information already in the possession of the Inspector
- \_\_\_\_\_ As follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Well Name \_\_\_\_\_

COMPLETION OF PRODUCTION OF WELL WORK: CASING AND TUBING PROGRAM

PROGRAM DETAILS:

	SIZE	TOP	BOTTOM	LENGTH	PERFORATED FROM	TO
SURFACE CASING CIRCULATED & CEMENTED TO SURFACE						
PRODUCTION CASING CIRCULATED & CEMENTED TO SURFACE						
OTHER CASING AND TUBING LEFT IN THE WELL						

METHOD OF CEMENTING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORMATIONS ENCOUNTERED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEVIATION TEST RESULTS:

Well Name \_\_\_\_\_

CASING AND TUBING PROGRAM AFFIDAVIT

I, the undersigned verify that the casing and tubing program was carried out in the aforementioned fashion and in accordance with Regulation 5G of the regulations of the Geothermal Resource Conservation Act.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_

Subscribed and sworn before me, a Notary Public in and for the County and State aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public