



Commonwealth of Virginia
 Department of Mines, Minerals and Energy
 Division of Gas and Oil
 P.O. Box 159, 135 Highlands Drive
 Lebanon, VA 24266
 (276) 415-9700

Permit Number: _____

COMPLETION REPORT

Well type: Oil Gas Coalbed Methane Injection Well

Date Well Completed: _____ Total Depth: _____

Attach the Drilling Report if not previously submitted. In addition, submit any changes in casing or tubing that were approved after the Drilling Report was submitted.

STIMULATION RECORD (Use additional sheets with this format, if more than three zones are stimulated.)

ZONE 1: _____ Formation Stimulated With: _____
 Perforated _____ to _____ No. of Perforations _____ Perforation Size _____
 Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
 ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
 Stimulated: Yes No Date Stimulated: _____

ZONE 2: _____ Formation Stimulated With: _____
 Perforated _____ to _____ No. of Perforations _____ Perforation Size _____
 Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
 ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
 Stimulated: Yes No Date Stimulated: _____

ZONE 3: _____ Formation Stimulated With: _____
 Perforated _____ to _____ No. of Perforations _____ Perforation Size _____
 Formation Broke down at: _____ PSIG Average Injection Rate: _____ (PSIG)
 ISIP _____ (PSIG) MIN SIP. _____ (PSIG) Average Downhole Injection Pressure _____ (PSIG)
 Stimulated: Yes No Date Stimulated: _____

FINAL RODUCTION: _____ Natural _____ After Stimulation

	BOD	MCFD	HOURS TESTED	ROCK PRESSURE	HOURS TESTED
ZONE (1)					
ZONE (2)					
ZONE (3)					

Final production if gas zones are commingled _____ MCFD _____ Hours Tested
 _____ PS16 _____ Hours Tested

Permittee: _____ (Company)
 By: _____ (Signature) Date: _____