



**pennsylvania**

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Oil and Gas Management



# Revised Completion Report

Bureau of Oil and Gas Planning and Program Management

# Timeline – Transition Plan

- DEP initially released the Completion Report (Rev. 10/2015) in October
  - Rev. ID located in the top left hand corner above the DEP logo
- The most recent version (Rev. 12/2015) differs only in formatting
  - Revision were made to match the data schema which will be used in the electronic version of the well completion report
- The Department will accept the “Rev. 5/2012”, “Rev. 10/2015” & “Rev. 12/2015” until March 1, 2016
  - After March 1, 2016 only “Rev. 12/2015” will be accepted, any older versions submitted on or after that date will be returned to operators as administratively deficient
- The revised electronic version of the completion report is estimated to be released in the summer of 2016.

# Completion Report Revisions

- The intent of the revised form is to serve as a template for the electronic application.
- The form was designed to collect data from all types of well designs and completions, from the most basic to the most complex.
- The electronic application will provide much greater flexibility in limiting the required data fields based upon the well design.
- The data will provide the Department with the information necessary to effectively develop future rulemakings and/or policies.

# Completion Report Revisions

Revisions pertain to the following sections:

- Stimulation Base Fluid Section
- Stimulation/Production Information Section
- Perforation Record
- Stimulation Record
- Stimulation Fluid Additives/Chemicals
- Additional section for tubing information

# Completion Report Revisions

STIMULATION BASE FLUID			
Water Sources	Withdrawal Start Date	Withdrawal End Date	Volume (Gallons)
1.			
2.			
3.			
4.			
5.			
<b>Total Gallons from Water Sources:</b>			
<b>Recycled Water Sources:</b>			
Total Gallons of Recycled Water:	Total Gallons of Base Fluid (Water):	DEP Biologist Review/Date	
Other Base Fluid(s)		Quantity / UOM	
1.		/	
2.		/	
<b>Total Quantity of Base Fluid(s) (Other):</b>		/	

# Completion Report Revisions

STIMULATION/PRODUCTION INFORMATION (WELL)					
Radioactive tracers used: Yes          No		If "Yes", specify tracer(s):		Commencement Date:	Completion Date:
Open Flow (mcf):	Open Flow Measurement Method:	Surface Pressure (psig):	Surface Pressure Measurement Method:	Intermediate Shoe Test Pressure (psig):	
Well Products:	Gas Btu:	Oil API G:	Condensate API G:	Other:	GOR:

# Completion Report Revisions

## PERFORATION RECORD

Complete a separate record for each producing interval. For open-hole completions in which notching or other mechanical changes are made to the wellbore, each notch should be reported as a separate record. Please insert additional copies of this sheet if additional rows are needed.

Perforation Date:	Producing Interval Top TMD (ft.):	Producing Interval Bottom TMD (ft.):	Perforation Phasing (deg.):	No. of Perforations:	Perforation Status:	Perforation Status Date:	Producing Formation(s):
Perforation Date:	Producing Interval Top TMD (ft.):	Producing Interval Bottom TMD (ft.):	Perforation Phasing (deg.):	No. of Perforations:	Perforation Status:	Perforation Status Date:	Producing Formation(s):
Perforation Date:	Producing Interval Top TMD (ft.):	Producing Interval Bottom TMD (ft.):	Perforation Phasing (deg.):	No. of Perforations:	Perforation Status:	Perforation Status Date:	Producing Formation(s):
Perforation Date:	Producing Interval Top TMD (ft.):	Producing Interval Bottom TMD (ft.):	Perforation Phasing (deg.):	No. of Perforations:	Perforation Status:	Perforation Status Date:	Producing Formation(s):
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Perforation Date:	Producing Interval Top TMD (ft.):	Producing Interval Bottom TMD (ft.):	Perforation Phasing (deg.):	No. of Perforations:	Perforation Status:	Perforation Status Date:	Producing Formation(s):

# Completion Report Revisions

## STIMULATION RECORD: STIMULATION INFORMATION/STAGE

Complete a separate record for each stimulation stage. Please insert additional copies of this sheet if additional rows are needed.

Stg #	Stage Top TMD (ft.)	Stage Bottom TMD (ft.)	Stimulation Begin Date	Stimulation End Date	Average Pump Rate (bbls/min)	Max Breakdown Pressure (psig)	Average Treatment Pressure (psig)	ISIP (psig)	Proppant Type	Proppant Size(s)
1										
2										
3										
4										
5										
6										
7										





# Completion Report Revisions

TUBING INFORMATION					
Size (O.D.)	Grade	Country of Origin	Tubing Bottom TMD (ft.)	Set Date	Packer TMD (ft.)
Size (O.D.)	Grade	Country of Origin	Tubing Bottom TMD (ft.)	Set Date	Packer TMD (ft.)
Size (O.D.)	Grade	Country of Origin	Tubing Bottom TMD (ft.)	Set Date	Packer TMD (ft.)
COMMENTS					
Sheet E					

# Completion Report Revisions

Questions?