

OGB - 6  
INSTRUCTIONS

Read Carefully and Comply Fully

This report must be filed in triplicate with the State Oil and Gas Board within thirty (30) days after completion of treatment.

Under Details of treatment, give a complete account of the work performed including the following: Quantity and type of chemicals or fracture material; tubing depth; pressures; etc.

**State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**

STATE OIL AND GAS BOARD OF ALABAMA

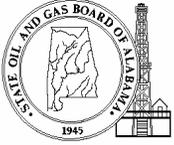
Form OGB - 6

420 Hackberry Lane  
P.O. Box 869999

Tuscaloosa, Alabama 35486-6999  
(205) 349-2852 Fax (205)349-2861  
www.ogb.state.al.us

Permit number \_\_\_\_\_

5 / 00



Report of Well Treatment\*

Chemically Treat  Fracture  Other

(file in triplicate)

Name of operator \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Well name and number \_\_\_\_\_ County \_\_\_\_\_

Well Location (give footage from nearest section or tract lines) Section-Township-Range or Tract  
Latitude  .  Longitude  .

Field (If wildcat, so state) \_\_\_\_\_ Reservoir \_\_\_\_\_

Person to contact regarding this form  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-Mail address \_\_\_\_\_

WELL DATA

New well  Producer  Type of well (oil, gas, Class II) \_\_\_\_\_ Formation treated \_\_\_\_\_  
Treatment from \_\_\_\_\_ to \_\_\_\_\_; from \_\_\_\_\_ to \_\_\_\_\_  
Daily production (injection) prior to treatment \_\_\_\_\_

RESULTS OF TREATMENT

Permission to treat well authorized by \_\_\_\_\_ Date \_\_\_\_\_  
(Oil & Gas Board Agent)  
Date treatment was begun \_\_\_\_\_ Date treatment was completed \_\_\_\_\_  
Treatment contractor \_\_\_\_\_ Fracture gradient (psi/ft) \_\_\_\_\_  
Daily production (injection) after treatment is \_\_\_\_\_  
Give full details of treatment \*

\*A separate form is required for each individual treatment.

Operation witnessed by Agent of the Board  Yes  No If yes, give name of Agent \_\_\_\_\_

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Signature \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SEAL My commission expires \_\_\_\_\_ Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_