WELL RECORD OR HISTORY
(Oil & Gas Form 2)

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 no. __________ in __________ of section _____.
T ____ N R _____, ____________________________________________________________________ County. Well is __________ feet □ north / □ south
of the □ north / □ south line and __________ feet □ east / □ west of the □ east / □ west line of section ____.
Latitude/Longitude (decimal degrees, to four places minimum) ___________________________________________________________________
Lessor ________________________________________________________________________________  Lessee __________________________________________________________________________
Address ______________________________________________________________________________  Address __________________________________________________________________________

_________________________________________________________________________________  _______________________________________________________________________
Phone __________ Email ________________  Phone __________ Email ________________
Drilling commenced on ___________________________  Drilling was completed on ___________________________
Drilling contractor ____________________________________________________________________  Company _______________________________________________________________________
Address ______________________________________________________________________________  Phone __________ Email ________________
Elevation above sea level at top of casing __________ feet. Total depth __________ feet.

OIL AND GAS SANDS 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

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water 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

<table>
<thead>
<tr>
<th>String</th>
<th>Size</th>
<th>Wt./Ft.</th>
<th>Name and type</th>
<th>Length Ft.</th>
<th>Depth set at</th>
<th>Perforated From</th>
<th>To</th>
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### CEMENT AND TESTING RECORD

<table>
<thead>
<tr>
<th>Size of Hole</th>
<th>String</th>
<th>Where Cement Placed</th>
<th>No. Sacks Cement</th>
<th>Method</th>
<th>Pressure in Testing</th>
<th>Hardness of Cement</th>
<th>Kind of Cement</th>
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### PLUGS AND ADAPTERS


### RECORD OF SHOOTING OR CHEMICAL TREATMENT

<table>
<thead>
<tr>
<th>Size</th>
<th>Shell used</th>
<th>Explosive or chemical used</th>
<th>Quantity</th>
<th>Date</th>
<th>Depth shot or treated</th>
<th>Depth cleaned</th>
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### RECORD OF DRILL-STEM AND SPECIAL TESTS

If drill-stem or other special tests or deviation or electrical surveys were made, submit report on separate sheet and attach hereto.

### TOOLS USED

Rotary tools used from _______ feet to _______ feet and from _______ feet to _______ feet.

Cable tools used from _______ feet to _______ feet and from _______ feet to _______ feet.
RECORD OF DRILLING MUD

Provide volumes and general chemical composition of drilling mud and additives used.

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

PRODUCTION

Put to producing on ___________________. Production of the first 24 hours was ___________________ barrels of fluid of which
_______ % was oil; _______ % emulsion; _______ % water; and _______ % sediment.  Gravity API _____________________

If gas well, cubic feet per 24 hours _____________________________

Gallons condensate per 1,000 cu. ft. of gas _____________________  Rock pressure, lbs. per sq. in. ___________________

EMPLOYEES

_____________________________________________  , Driller  ______________________________________________, Driller
_____________________________________________  , Driller  ______________________________________________, Driller

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  ______________________   _____________________________________________________

Place

_________________________________________________  My commission expires: _________________________________

Notary Public

Signature:  ____________________________________________

Name:  _______________________________________________

Position:  _____________________________________________

Representing (company or operator):  __________________________________________________________________________

Address:  _____________________________________________________________________  Phone:  _____________________

City/State/Zip:  _________________________________________________________________   Email:  _____________________
<table>
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<tr>
<th>From</th>
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<th>Thickness in feet</th>
<th>Formation</th>
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