Form Approved. OMB No. 2040-0042.

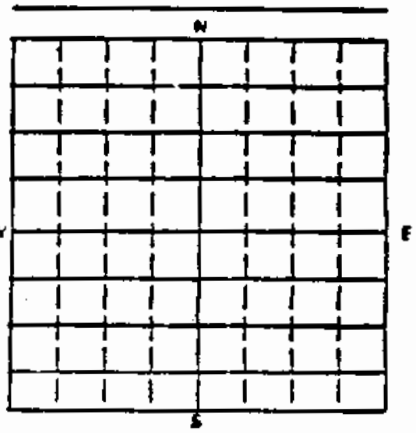
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

EPA

WELL REWORK RECORD

NAME AND ADDRESS OF PERMITTEE	NAME AND ADDRESS OF CONTRACTOR

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT — 640 ACRES



STATE	COUNTY	PERMIT NUMBER

SURFACE LOCATION DESCRIPTION
___ 1/4 of ___ 1/4 of ___ 1/4 of ___ 1/4 of Section___ Township___ Range___

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT

Surface Location ____ ft. from (N/S) ____ Line of quarter section

and ____ ft. from (E/W) ____ Line of quarter section

WELL ACTIVITY	Total Depth Before Rework	TYPE OF PERMIT
☐ Brine Disposal ☐ Enhanced Recovery ☐ Hydrocarbon Storage	Total Depth After Rework	☐ Individual ☐ Area Number of Wells ____
Lease Name	Date Rework Commenced	Well Number
	Date Rework Completed	

WELL CASING RECORD — BEFORE REWORK

Casing		Cement		Perforations		Acid or Fracture Treatment Record
Size	Depth	Sacks	Type	From	To	

WELL CASING RECORD — AFTER REWORK *(Indicate Additions and Changes Only)*

Casing		Cement		Perforations		Acid or Fracture Treatment Record
Size	Depth	Sacks	Type	From	To	

DESCRIBE REWORK OPERATIONS IN DETAIL USE ADDITIONAL SHEETS IF NECESSARY	WIRE LINE LOGS. LIST EACH TYPE	
	Log Types	Logged Intervals

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

NAME AND OFFICIAL TITLE *(Please type or print)*	SIGNATURE	DATE SIGNED