

END OF OPERATIONS REPORT (EOR)

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|---|--|-------------------------------|---|--|-------------------------------|
| 1. <input type="checkbox"/> COMPLETION <input type="checkbox"/> ABANDONMENT | | 2. BSEE OPERATOR NO. | | 3. OPERATOR NAME and ADDRESS <i>(Submitting office)</i> | |
| <input type="checkbox"/> CORRECTION | | | | | |
| 4. WELL NAME (CURRENT) | 5. SIDETRACK NO. (CURRENT) | 6. BYPASS NO. (CURRENT) | | | |
| 7. API WELL NO. (CURRENT SIDETRACK / BYPASS) (12 DIGITS) | | | 8. PRODUCING INTERVAL CODE | | |
| WELL AT TOTAL DEPTH | | | | | |
| 9. LEASE NO. | 10. AREA NAME | 11. BLOCK NO. | 12. LATITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific) | 13. LONGITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific) | |
| WELL STATUS INFORMATION | | | | | |
| 14. Well Status | 15. Type Code | 16. Well Status Date | | 17. <input type="checkbox"/> MD _____ TVD _____ Total Depth _____ | |
| WELL AT PRODUCING ZONE | | | | | |
| 18. LEASE NO. | 19. AREA NAME | 20. BLOCK NO. | 21. LATITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific) | 22. LONGITUDE <input type="checkbox"/> NAD 27 (GOM) <input type="checkbox"/> NAD 83 (Alaska & Pacific) | |
| 23. COMPLETION DATE: | | 24. DATE OF FIRST PRODUCTION: | | 25. ISOLATED DATE: | |
| PERFORATED INTERVAL(S) THIS COMPLETION | | | | | |
| 26. TOP (MD): | | 27. BOTTOM (MD) | | 28. TOP (TVD) | |
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| | | | | | |
| | | | | | |
| 30. RESERVOIR NAME(S): | | | 31. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION | | |
| HYDROCARBON BEARING INTERVALS | | | | | |
| 32. INTERVAL NAME: | | 33. TOP (MD) | 34. BOTTOM (MD) | 35. TYPE OF HYDROCARBON | |
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| | | | | | |
| | | | | | |
| SIGNIFICANT MARKERS Penetrated (account for all markers identified on APD) | | | | | |
| 36. INTERVAL NAME: | | | 37. TOP (MD) | 38. REASON IF MARKER NOT PENETRATED | |
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| SUBSEA COMPLETION | | | | | |
| 39. SUBSEA COMPLETION? Yes/No | 40. IF YES: PROTECTION PROVIDED? Yes/No | | 41. BUOY INSTALLED? Yes/No | | 42. TREE HEIGHT ABOVE ML(ft): |

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ABANDONMENT HISTORY OF WELL [Plug Information]

| 43. Plug Type | 44. Plug Remarks/Description | 45. Top of Plug (MD) | 46. Bottom of Plug (MD) | 47. Date Installed | 48. Date Tested |
|--|------------------------------|----------------------|-------------------------|--------------------|-----------------|
| <input type="checkbox"/> DCP <input type="checkbox"/> PTP <input type="checkbox"/> ICP <input type="checkbox"/> SCP <input type="checkbox"/> ACP | | | | | |
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* If more plugs are needed than the above amount, please attach another sheet to identify the other plugs*

Definitions for Plug Type

- DCP - Downhole Cement Plug including Cmt. Retainer w/Cmt, CI BP w/Cmt, zones squeezed.
- PTP - Permanent Tubing Plug
- ICP - Intermediate Cement Plug
- SCP - Surface Cement Plug
- ACP - Annulus Cement Plug

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ABANDONMENT HISTORY OF WELL [Casing Information]

| 49. CASING SIZE: | 50. CASING CUT DATE: | 51. CASING CUT METHOD: | 52. CASING CUT DEPTH: |
|------------------|----------------------|------------------------|-----------------------|
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ABANDONMENT HISTORY OF WELL [Obstruction Information]

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|--------------------------|------------------------------------|---------------------------------------|-------------------------------|
| 47. Type of Obstruction: | 48. Protection Provided: Yes/No | 49. Obstruction Height Above ML (ft): | 50. Buoy Installed? Yes/No |
| CONTACT NAME: | | CONTACT TELEPHONE NO.: | CONTACT E-MAIL ADDRESS: |

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: _____ Date: _____

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