

OGB - 7  
INSTRUCTIONS

Read Carefully and Comply Fully

Make sure that you have given correctly all information requested. **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**



TUBING RECORD

Size	Weight/ft.	Name & Type	Depth set
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PACKER RECORD

Size (O.D.)	Size (I.D.)	Name & Type	Depth set	Date	Test pressure
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MECHANICAL PLUG

Size	Weight range	Name & Type	Depth set	Date	Test pressure
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WELL STIMULATION AND TREATMENT RECORD\*

Process	Interval	Date	Material & Quantity	Pressure	Service company
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____
_____	_____ to _____	_____	_____	_____	_____

\* Full details should be given on Form OGB-6, Report of Well Treatment.

DRILL STEM TEST RECORD\*\*

Test date	Interval	Type and volume of fluids recovered (oil, gas, water, etc.)
_____	_____ to _____	_____ ;Rw = _____
_____	_____ to _____	_____ ;Rw = _____
_____	_____ to _____	_____ ;Rw = _____
_____	_____ to _____	_____ ;Rw = _____

\*\* Submit two copies of drill stem test results with this form.

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

Remarks: \_\_\_\_\_

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, \_\_\_\_\_