

WELL IMPACT REPORT

Date: _____

Operator: _____ Oper. # _____

Well Name: _____ Well # _____

API Number: _____ SHL: SEC _____ TWP _____ RGE _____
(10-DIGIT API# - FOR EXAMPLE, 3500321606)

County: _____ Datum used: _____

SHL: Latitude: _____ Longitude: _____
(decimal degrees) (decimal degrees)

BHL: Latitude: _____ Longitude: _____
(decimal degrees) (decimal degrees)

TD (MD) _____ TD (TVD) _____

Date of impact or when impact consequence was observed: _____

Producing formation1: _____ Perforated Interval: _____

Producing formation2: _____ Perforated Interval: _____
(if applicable)

Producing formation3: _____ Perforated Interval: _____
(if applicable)

Was frac notice received? _____ **(Y/N)** ➔ If "yes", date received: _____

Was well flowing or on artificial lift prior to impact? _____ (Gas lift, Plunger Lift, Rod pump, Flowing)

Distance to well being hydraulically fractured: _____ **(ft)**

Offset well being hydraulically fractured:

Well Name: _____ Well # _____

Operator: _____ Oper. # _____

API Number: _____ SHL: SEC _____ TWP _____ RGE _____
(10-DIGIT API# - FOR EXAMPLE, 3500321606)

County: _____ Datum used: _____

SHL: Latitude _____ Longitude _____
(decimal degrees) (decimal degrees)

BHL: Latitude _____ Longitude _____
(decimal degrees) (decimal degrees)

Formation being hydraulically fractured: _____

Perforated Interval: _____ TD (MD) _____ TD (TVD) _____

Was incident reported to District office? _____ **(Y/N)** ➔ if "yes", date: _____

Was a 1085 filed by the District? _____ **(Y/N)**

Report filed by: _____ Title _____

Phone _____ Email _____

RULE: 165-10-3-10(b)(4) effective date 9/11/17

(4) If an operator believes there is evidence that hydraulic fracturing operations have impacted its well(s), the operator may report the occurrence either by facsimile or electronic mail to the appropriate Conservation District Office within 24 hours of discovery.

