North Carolina Department of Environment and Natural Resources
Division of Energy, Mineral, and Land Resources
Energy Section - Oil and Gas Program

Form 18
Rev 03/2015

1612 Mail Service Center, Raleigh, NC 27699-1612
Phone: (919) 707-9220
Fax: (919) 715-8801
Email: DEMLRoilandgas@ncdenr.gov

Oil & Gas Program Use Only	
Date:	
Received by:	
Document ID:	

Well Stimulation Report

15A NCAC 05H .1624

Permittee Name:

Company Name:

Address:

City:

Phone:

Fax:

Email:

State: Zip:

Attachments:	Permittee	DEMLR-OGP
Cement Ticket	☐	☐
Wireline Logs	☐	☐
Pressure Tests	☐	☐
Wellbore Diagram	☐	☐
Gas Analysis	☐	☐
Form 18A	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

API Number:

County:

Lease/Well Name:

Nearest Town/ City:

Well Number:

Well site Ingress/ Egress Location:

Type of Well:

- ☐ Oil
- ☐ Gas
- ☐ Dry
- ☐ Strat.
- ☐ * Other

* Describe Other Type of Well:

The following well stimulation treatment data shall be attached as a supplemental document by email or hardcopy:

1. Surface injection pressure, in pounds per square inch (psi);
2. Slurry pumping rate in barrels per minute (BPM);
3. Proppant concentration in pound per thousand gallons;
4. Fluid pumping rate in BPM;
5. Identities, rates, and concentrations of additives used in accordance with Rule .1702; and
6. All annuli pressures.

☐ Check to indicate documentation is attached.
Provide file name if attached by email:

Fluid & Proppant Information:

** To report additional hydraulic fracturing stages, attach Form 18A.*

Hydraulic Fracturing Stage	**Type of Base Fluid**	**Total Volume of Base Fluid Used in Each Stage** (Bbls)	**Type of Stimulation Fluid** (Additives)	**Total Volume of Stimulation Fluid Used in Each Stage** (Bbls)	**Total Volume of Proppant Used in Each Stage** (lbs)	**Maximum Pump Pressure for Each Stage** (psi)

** Attach Form 18A, if applicable by email or hardcopy.*

☐ Check to indicate documentation is attached.

Total Volume of Base Fluid Used to Stimulate the Well (Bbls):

Provide file name if attached by email:

If hydraulic fracturing is proposed, provide the estimated maximum fracture height and length and estimated true vertical depth to the top of the fracture achieved during well stimulation as determined by a three dimensional model using true treating pressures and other supporting data collected during the hydraulic fracturing treatment:

Perforation Information:

Top of Perforations:
(True vertical and measured depths)

Total Number of Perforations:

Bottom of Perforations:
(True vertical and measured depths)

Diameter of Perforations:

Test Information:

Test Date:		Quantity of Water (Bbls):	
Duration of Test:		Quantity of Gas (MCF):	
Test Method:		Casing Pressure (psi):	
Quantity of Oil (Bbls):		Tubing Pressure (psi):	

Gas Analysis Information:

Initial gas analysis, performed by a laboratory certified by the State in accordance with 15A NCAC 02H .0800:

Attach a wellbore diagram that includes casing and cement data, and perforations by email or hardcopy with this form.

☐ Check to indicate documentation is attached.

Provide file name if attached by email:

Attach a stimulation summary by email or hardcopy with this form

☐ Check to indicate documentation is attached.

Provide file name if attached by email:

Air Quality Emissions Reporting:

Number of Engines	Type of Engine	Horsepower of Engine Less than 750 hp (Yes or No)	Max. Site Rated Horsepower	Hours of Use at the Well Site

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Reset Form

Submit by Email