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COMPANY NAME _____
(as per RRC Records)

LEASE NAME _____
(as per RRC Records)

WELL NUMBER _____

FIELD NAME _____

FORMATION _____

COUNTY _____

STATE _____

RRC DISTRICT _____

TYPE OF TEST _____

(1 OR 4 POINT OR REASON FOR TEST)

DATE	DATE	DATE

24 hr	48 hr	72 hr

OIL GRAVITY _____

WATER GRAVITY _____

GAS GRAVITY _____

CHOKE SIZE	_____	PLUG BACK DEPTH (MD - TVD)	_____
FLOWING TUBING PRESSURE	_____	TOTAL DEPTH (MD - TVD)	_____
BOTTOM HOLE STATIC PRESSURE	_____	BOTTOM HOLE TEMPERATURE	_____
SHUT IN TUBING PRESSURE	_____	SHUT IN WELLHEAD TEMP	_____
DIFFERENTIAL PRESSURE	_____	FLOWING WELL TEMP	_____
SALES LINE PRESSURE	_____	METER RUN TEMPERATURE	_____
TUBING SIZE (WEIGHT)	_____	METER RUN SIZE	_____
END OF TUBING	_____	ORIFICE PLATE SIZE	_____
PACKER DEPTH	_____	DATE COMPLETED	_____
CASING SIZE (WEIGHT)	_____	TEST PERIOD	_____
TOP PERF (MD - TVD)	_____	FIRST SALE DATE	_____
LOWER PERF (MD - TVD)	_____	GAS PURCHASER	_____

** NOTE

COPY OF OIL AND GAS ANALYSIS

COPY OF WELLBORE SKETCH