

BOTTOM-HOLE PRESSURE REPORT

FORM W-7

Rev. 12/20

Report for OIL WELLS
 (check one) GAS WELLS

1. Field Name (as per RRC Records of Wildcat)	Date	Designate Type Report by "X" General Survey <input type="checkbox"/>	RRC District
2. Operator		Special Test <input type="checkbox"/>	County
3. Address		Test on Recovery Well <input type="checkbox"/>	

Lease	RRC Lease or ID Number	Well No.	Top Pay	(1) Date Tested	(2) Shut-In Hours	(3) BH Temp.	(4) Test Depth	(5) Observed Pressure	(6) Datum Plane	(7) Corrected Pressure

CERTIFICATE

I declare under penalties described in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true and correct, and complete, to the best of my knowledge.

Signature _____
 Date _____ Title _____

Name of Person (type or print) _____
 Telephone no. () _____