1. OPERATOR NAME (Exactly as shown on Form P5 Organization Report)  

3. RRC DISTRICT NO.  

4. OIL LEASE NO OR GAS WELL ID NO.  

2. MAILING ADDRESS  

5. WELL NO.  

6. API NO.  

42-  

7. COUNTY OF WELL SITE  

B. Gas Volume _______________________________ (Mcf)  

C. Oil or Condensate Volume __________________________ (Bbl)  

D. Water Volume ________________________________ (Bbl)  

E. Gas/Liquid Hydrocarbon Ratio ________________ (Cf/Bbl)  

F. Flowing Tubing Pressure ________________________ (psia)  

G. Choke Size _____________________________ (in.)  

H. Casing Pressure ______________________________ (psia)  

I. Shut-in Wellhead Pressure--Tubing __________________________ (psia)  

J. Separator Operating Pressure ______________________ (psia)  

K. Color of Stock Tank Liquid ___________________________  

L. Gravity of Separator Liquid __________________________ $^0$API  

M. Gravity of Stock Tank Liquid __________________________ $^0$API  

N. Specific Gravity of the Gas  
(Air = 1) ___________________________  

A.S.T.M. DISTILLATION OF LIQUID SAMPLE. Distillation test is required for gas wells ONLY if the producing gas-liquid hydrocarbon ratio is less than 100,000 CF/barrel.  

Date Liquid Sample Obtained ___________________________  

Where Obtained:  

Separator  
Stock Tank  

% Over Temp. (deg. F)  

Initial Boiling Temp.  

60  

10  

70  

20  

80  

30  

90  

40  

95  

50  

End Point  

Total Recovery ____________ percent  

Residue ____________ percent  

Loss ____________ percent  

I declare under penalties prescribed 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, correct, and complete to the best of my knowledge.

RRC USE ONLY

NAME (Type or Print)  

SIGNATURE  

TITLE ( )  

CONTACT PERSON  

PHONE NUMBER  

DATE