**W-10**
Rev. 7/95
WWW-1

OPERATOR NAME AND ADDRESS, including city, state and zip

# OIL WELL STATUS REPORT

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division
P.O. Box 12967
Austin, Texas 78711-2967

INSTRUCTIONS

Page of

Reason For Filing
☐ Survey
☐ Retest

Operator P-5 Organization No.

RRC Dist. No.

Test Period:
Due Date:
Effective Date:

| FIELD NAME * LEASE NAME | LEASE NO. | WELL NO. | F - FLOWING P - PUMPING G - GAS LIFT S - SWABBING | DATE TESTED MO/DAY/YR | OIL PRODUCED (BBL/DAY) | WATER PRODUCED (BBL/DAY) | GAS PRODUCED (MCF/DAY) | SHUT-IN X |
|---|---|---|---|---|---|---|---|---|
| | | | | | BBL | BBL | MCF | |
| | | | | | BBL | BBL | MCF | |
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| | | | | | BBL | BBL | MCF | |

**CERTIFICATION:** I declare under penalties prescribed in Texas Natural Resources Code, Sec. 91.143, 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 herein are true, correct, and complete to the best of my knowledge.

**Signature:** **Title:** **Phone:** **Date:**

* AN ASTERISK PREPRINTED ON A SURVEY IDENTIFIES WELL SUBJECT TO COMMINGLING TEST REQUIREMENTS

Clear Form

X AN X IS PLACED IN THE SHUT-IN BLOCK TO INDICATE THE WELL IS SHUT-IN