



**Instructions on Back**

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

**Production or Potential Test**

OAC 165:10-13-3

*Please type or print using black ink.*

Operator			Operator Number
Address			Phone Number
City	State	Zip	Fax Number

Allocated Oil Well (field rules)     
 Unallocated per well (spaced)     
 Unallocated per lease (unspaced)

Enhanced Recovery Unit Order No. \_\_\_\_\_     
 Horizontal Order No. \_\_\_\_\_     
 Discovery Well Order No. \_\_\_\_\_

<b>Well Name &amp; Number</b>		<b>Production Unit No.</b>		<b>API Number</b>
Surface Location within	Sec.	Twp.	Rge.	County
Bottom Location within Section	Sec.	Twp.	Rge.	County

<b>Test</b>	<b>Gas-Oil Ratio</b>	<b>Date</b>	<b>Time</b>	<b>24 Hr. Prod.</b>	<b>Gravity</b>
	Present	Start		Oil Bbls	
	Initial	End		Gas cu. ft.	
				Water Bbls	

<b>Pool Name and Number</b>		<b>Perfs</b>	
Producing formation(s)			
Date of 1st Production	Number of wells on lease (list on reverse)	Is production metered together? <input type="checkbox"/> yes <input type="checkbox"/> no	
Oil Purchaser			OTC Number
Gas Measurer			OTC Number

Load oil  yes  no    Amount \_\_\_\_\_ BBLS

Spacing Order	Size	Increased Density Order Number	Location Exception Order Number
Commingling Order Number		Multiple Zone Completion Order Number	

<b>Horizontal</b>	Unit Acre Size	True Vertical Depth	Horizontal Component _____ feet	Feet of Lateral _____
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(A) Pipe Tap     
 (B) Orifice Tester     
 (C) Size Tester \_\_\_\_\_

Choke size	Tubing size	Casing size	Gas Meter Type	Size Run (A)	Differential (A)
Size Plate (A,C)		24-H. Coeff (B,C)		Pressure (lbs, H <sub>2</sub> O, Hg) (B,C)	

UNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

API NO.	WELL NAME and NUMBER	LOCATION Section-Township-Range	FORMATION NAME	DATE OF 1st PRODUCTION	24-HR POTENTIAL	
					OIL (BBLS)	GAS (MCF)
<b>TOTAL 24-HR LEASE POTENTIAL</b>						

ATTACH ADDITIONAL PAGE IF NECESSARY.

I declare that I have knowledge of the contents of this report with the date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Operator's Representative

\_\_\_\_\_  
Name & Title (**Typed or Printed**)

\_\_\_\_\_  
Signature of Corporation Commission Representative

\_\_\_\_\_  
Name & Title (**Typed or Printed**)

\_\_\_\_\_  
Signature of DISCOVERY TEST OFFSET OPERATOR

\_\_\_\_\_  
Company Name

**INSTRUCTIONS**

- 1 Use a separate form for each well unless testing an unallocated lease or EOR unit.
- 2 Testing time shall be not less than 6 hours or more than 24 hours.
- 3 Test shall be submitted within 30 days after completion. No allowable shall be assigned to the well until this form has been accepted by the division.
- 4 Effective date of test is the completion date; late-filed tests are effective the first day following the month the test is accepted by the division; no allowable shall be assigned to the well until the Form 1002A and logs have been accepted by the division.
- 5 Allowable shall be the rate indicated on the Allocated or Discovery Well Allowables Tables, whichever is appropriate, or by special field rules.
- 6 Discovery initial tests must be witnessed by a representative of any offset operator in the pool and a representative of the division, unless waived.
- 7 Operator chooses between a lease or well allowable if the formation is unspaced. A lease allowable is the shallowest 10-acre allowable from the allowable table for each well; a well allowable uses 10-acre spacing from the allowable table.
- 8 Falsification of reports is subject to penalty, O.S.L. 1933.