OIL AND GAS CONSERVATION DIVISION PO Box 171
Oklahoma City, OK 73101
405-521-2331
ogadmin@occ.ok.gov

OKLAHOMA Corporation Commission

Form 1029A

Production or Potential Test QAC 18s 10-13-3 Please type or print using black ink. Deparator													lna		o on Book	
Production or Potential Test OAC 165:10-13-3 Please type or print using black ink. Phone Number Number Phone Phone Number Phone		Instructions on Back Category (Check One)														
Production or Potential Tost	Initial									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
Please type or print using black ink. Operator Number Number Number Phone Number Sity State Zip Unallocated Per well (spaced) Horizontal Order No. Unallocated per lease (unspaced) Discovery Well Order No. Vol Name Number Vol Number Vol Name Number Vol N									ential Te							
Please type or print using black ink. Operator Number Phone Phone Number Phone	OAC 165:10-13-3															
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Allocated Oil Well (field rules)	Address						-							Phone		
Allocated Oil Well (field rules) Enhanced Recovery Unit Order No.	City					State	ate Zip								Fax	
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Surface ocation within Section	Well Name									Production	n			API		
Sec. Twp. Rge. County	& Number							Γ						Number		
Sec. Iwp. Rge. County	Location w							Sec.		Twp.		Rge.		County		
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Persent Start Star	Test				1						-			24 Hr. Pr	od.	Gravity
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Pool Name and Number Perfs Perfs Pool Name and Number Producing ormation(s) Date of 1st Number of wells on lease (list on reverse) Is production metered together? yes no Production Number OTC Num	Present					Start						Gas			cu. ft.	
Perfs Producting comation(s) Date of 1st	Initial	nitial				End					Water		Bbls			
Production Sproduction Spr	Pool Name									Dorfo						
Order Number Spacing Size Increased Density Order Number Multiple Zone Completion Order Number Ord										Pens						
Number of wells on lease (list on reverse) Is production yes no no no no no no no n	•															
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Gas Measurer Load oil yes no Amount BBLS Spacing Size Increased Density	Oil Purchaser															
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Size size size Type Size Type Size Size Type Size Type Size Si																

JNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

API NO.	WELL NAME and NUMBER	LOCATION	FORMATION	DATE OF 1st	24-HR POTENTIAL					
API NU.	WELL NAME and NUMBER	Section-Township-Range	NAME	PRODUCTION	OIL (BBLS)	GAS (MCF)				
ATTACH ADDIT	I ONAL PAGE IF NECESSARY.									
			TOTAL 24-HR LEAS	SE POTENTIAL						
I declare that I ha knowledge and b	ave knowledge of the contents of this repor elief.	t with the date and facts sta	ated herein to be true, correc	t, and complete to	the best of m	у				
Signature of Ope	rator's Representative	Na	Name & Title (Typed or Printed)							
·										
Signature of Corp	poration Commission Representative	Na	ame & Title (Typed or Printe	α)						
Signature of DIS	COVERY TEST OFFSET OPERATOR	Co	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.