



**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

**Test**

Gas-Oil Ratio		Date	Time	24 Hr. Prod.		Gravity
Present		Start		Oil	Bbls	
Initial		End		Gas	cu. ft.	
				Water	Bbls	

Pool Name and Number		Perfs	
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	

**Horizontal**

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)
ATTACH ADDITIONAL PAGE IF NECESSARY.						
TOTAL 24-HR LEASE POTENTIAL						

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.