

Operator Number	
Operator Name	

MINIMUM GAS WELL REPORT

TEST YEAR: _____

(LIST GAS WELLS ONLY !)

API NUMBER	WELL NAME	WELL #	SEC-TWP-RGE (SURFACE)	PRODUCING FORMATION	SHUT-IN PRESSURE	DATE TAKEN

If you'll be pasting data into this form, the formatting will conform to your source file; ensure your source file is formatted the way you want it to display here.

Complete the following on the **FINAL** page only.

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

 SIGNATURE

 TITLE

 DATE

 PHONE NUMBER

 E-MAIL ADDRESS