

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000

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. _____

Well Name & Number		Production Unit No.		API Number
Surface Location within Section	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 No.	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 ₂ 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)
TOTAL 24-HR LEASE POTENTIAL						

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.