

<b>PART I GENERAL INFORMATION</b>						
Upper Completion Serial Number			Lower Completion Serial Number			
Field Name					Field ID	
Operator Name					Org ID	
Operator Address (Street Address or P.O. Box, City, State & Zip)						
Contact Person			Contact Phone Number (    )    -		Contact E-mail Address	
Upper Completion Well Name			Upper Completion Well Number		Upper Completion Classification ....	
Lower Completion Well Name			Lower Completion Well Number		Lower Completion Classification ....	
District ....			Was the District Office notified at least 24 hours prior to the start of test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>TEST 1</b>		Shut-in Date (both completions)		Well Shut-in Time : <input type="checkbox"/> am <input type="checkbox"/> pm		
<b>PRODUCING COMPLETION</b>	Producing Completion ....	Date Opened		Time Opened : <input type="checkbox"/> am <input type="checkbox"/> pm		
	Stabilized S/I Pressure Prior to Test (psi)	Stabilized Flowing Pressure (psi)		Elapsed Time for Stabilized Flow (hours)		
	Stabilized S/I Pressure After Test (psi)			Elapsed Time for Stabilized S/I Pressure (hours)		
<b>SHUT-IN COMPLETION</b>	Shut-In Completion ....	Reservoir	Stabilized S/I Pressure Prior to Test (psi)		S/I Pressure During Test (psi) <b>Min                  Max</b>	
	Stabilized S/I Pressure After Test (psi)			Elapsed Time for Stabilized S/I Pressure (hours)		
	Maximum Pressure Change (psi) <input type="checkbox"/> increase <input type="checkbox"/> decrease					
<b>TEST 2</b>		Shut-in Date		Well Shut-in Time : <input type="checkbox"/> am <input type="checkbox"/> pm		
<b>PRODUCING COMPLETION</b>	Producing Completion ....	Date Opened		Time Opened : <input type="checkbox"/> am <input type="checkbox"/> pm		
	Stabilized S/I Pressure Prior to Test (psi)	Stabilized Flowing Pressure (psi)		Elapsed Time for Stabilized Flow (hours)		
<b>SHUT-IN COMPLETION</b>	Shut-In Completion ....	Reservoir	Stabilized S/I Pressure Prior to Test (psi)		S/I Pressure During Test (psi) <b>Min                  Max</b>	
	Maximum Pressure Change (psi) <input type="checkbox"/> increase <input type="checkbox"/> decrease					
REMARKS:						
I hereby certify that all conditions prescribed by the Office of Conservation for this test were complied with and carried out in full and that all information contained in this document is, to the best of my knowledge, true and correct.						
Operator Representative (print)		Signature			Date	

- This form is to be completed in duplicate and filed with the appropriate District Office.
- Prior to beginning the test, the well shall be shut-in for a sufficient length of time to allow wellhead pressures to become stabilized and for a minimum of 2 hours thereafter.
- During any test, the rate of production for the well being produced shall not be less than the anticipated scheduled allowable for an oil well or the anticipated maximum daily withdrawal for a gas well.
- For Test No. 1, the well shall be produced on one side with the other side shut-in until the well pressures have become stabilized and for a minimum of 2 hours thereafter.
- In the case of artificial lift, or flowing completion that produce intermittently or by heads, or wells which produce in such a manner that wellhead pressures will not stabilize in 12 hours, the minimum producing or shut-in time allowed for stabilization shall be 12 hours.
- Following Test No. 1, the well shall be shut-in until wellhead pressures have become stabilized and for a minimum of 2 hours thereafter.
- Test No. 2, with the previously shut-in well flowing and the previously flowing well shut-in, shall be conducted exactly as outlined for Test No. 1 and shall be performed even though no leak was indicated by Test No. 1.
- All pressures shall be measured with gauges in proper working condition.