

INSTRUCTIONS

(DM 1 R)

1. THIS FORM SHALL BE FILED IN DUPLICATE WITH THE DISTRICT MANAGER OF THE CONSERVATION DISTRICT IN WHICH THE FIELD IS LOCATED AND IS TO BE FILED ON OR BEFORE THE FIRST (1ST) DAY OF MAY AND NOVEMBER.
2. THE WELL SERIAL NUMBER MUST BE SUBMITTED FOR THE PURPOSE OF AUTOMATED DATA.
3. THE WELL NAME CODE NUMBER MUST BE SUBMITTED FOR THE PURPOSE OF AUTOMATED DATA PROCESSING.
4. NO TEST SHALL BE COMMENCED UNTIL THE WELL FLOW HAS STABILIZED, AND THE WELL SHALL REMAIN ON A CONSTANT CHOKE THROUGHOUT THE TEST PERIOD. DURATION OF THE TEST SHALL BE OF SUCH LENGTH AS TO DETERMINE AN ACCURATE GAUGE.
5. COPIES WILL BE ACCEPTED ONLY IF THEY ARE TYPED LEGIBLY AND ARE REPRODUCIBLE.
6. SPECIFIC COLUMNS:
 - A) GAS-OIL-RATIO (GOR) FOR GAS LIFT WELLS WILL BE CALCULATED USING NET FORMATION GAS.
 - B) SHUT_IN PRESSURE FOR THE WELL WILL BE REPORTED IF TAKEN SINCE THE LAST DM 1 R WAS FILED FOR THE WELL.
 - C) INDICATE PRODUCING METHOD (PM) BY USING F FOR FLOWING, P FOR PUMPING OR G FOR GAS LIFT
 - D) INACTIVE WELLS MUST BE REPORTED UNTIL SUCH TIME AS THE WELL IS PLUGGED AND ABANDONED USING ONE OF THE FOLLOWING STATUS CODES:

INACTIVE - FUTURE UTILITY	1
INACTIVE - NO FUTURE UTILITY	2