

OGB - 9

INSTRUCTIONS

Read Carefully and Comply Fully

Make sure that you have given correctly all information requested. **State Oil and Gas Board**

STATE OIL AND GAS BOARD OF ALABAMA

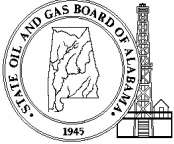
Form OGB - 9

420 Hackberry Lane
P.O. Box 869999

Tuscaloosa, Alabama 35486-6999
(205) 349-2852 Fax (205)349-2861
www.ogb.state.al.us

Permit number

5 / 00



First Production or Retest Report

New Well [ ] Retest [ ] Workover [ ]

(file in triplicate)

Name of operator
Address City State Zip
Well name and number
Well location (section, township, range or tract) County

WELL DATA

Type of well (oil, gas) Field (if wildcat, so state) Producing horizon
Perforated: from to ; from to
Producing string: size ; depth set Total depth (driller) Plug back TD
Tubing string: size ; depth set Packer: size ; depth set

TEST DATA

Test date Duration Time started Time finished
Shut in tubing pressure prior to test psig hrs. Shut in casing pressure prior to test psi hrs
Production method: flowing [ ]; pumping [ ]; other
Opening tank gauge ft. in.
Test rate: oil or condensate bbls/d Closing tank gauge ft. in.
gas Mcf/d Difference ft. in.
Gas-liquid ratio cf/bbl Tank coefficient bbls/in.
Choke: size ; type Opening meter reading bbls
Final flowing tubing pressure psig Closing meter reading bbls
Casing pressure during test psig Difference bbls
B.S. & W. percent; Water bbls Meter calibration factor
Corrected gravity °API; Specific gravity gas
Well stimulated prior to this test: yes [ ] no [ ]
Amount of hydrocarbons produced during test (If yes, submit Form OGB-6)
oil or condensate bbls; gas Mcf Hydrocarbon analysis available:
liquid: yes [ ] no [ ] gas: yes [ ] no [ ]
Amount of hydrocarbons produced prior to test (If yes, submit two copies with this form)
oil or condensate bbls; gas Mcf Hydrogen sulfide content ppm
Shut in tubing pressure after test psig Shut in casing pressure after test psig

Gauged by (Name) (Title) Witnessed by (Name) (Title)

Table with 2 columns: Contact information (Person to contact, Phone number, Fax number, E-Mail address) and Title.

Remarks:

Executed this the day of, 20 Signature

Before me, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this day of, 20

SEAL My commission expires Notary Public in and for County,

