

OPERATOR NAME AND ADDRESS including city, state and zip

**GAS WELL  
STATUS REPORT**  
RAILROAD COMMISSION OF TEXAS  
Oil and Gas Division  
P.O. Box 12967  
Austin, Texas 78711-2967

Page \_\_\_\_\_ of \_\_\_\_\_

Reason for Filing

Survey  
 Retest  
 Initial Test  
 Correction

Operator P-5 Organization No. \_\_\_\_\_

RRC Dist. No. \_\_\_\_\_

**G-10**

REV. 7/95

Test Period: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

FIELD NAME * LEASE NAME	RRC IDENT NO.	DATE TESTED MO/DAY/YR	GAS PRODUCED MCF/DAY **	CONDENSATE PRODUCED	WATER PROD BBL/DAY	***SIWH PRESSURE PSIA
	WELL NO.	MARK X FOR SHUT-IN WELL	GAS SPEC. GRAVITY	CONDENSATE GRAVITY (API)	X BOTTOMHOLE PRESSURE PSIA	***FLOWING PRESSURE PSIA
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	
			MCF	_____ . BBL	_____ . BBL	

CERTIFICATION: I declare under penalties prescribed in Texas Natural Resources Code, Sec. 91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct, and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

\* AN ASTERISK PREPRINTED ON A SURVEY IDENTIFIES WELL SUBJECT TO COMMINGLING TEST REQUIREMENT

\*\* GAS PRODUCTION RATE, IN MCF, IS TO BE REPORTED FULL-WELL STREAM, INCLUDING CONDENSATE

\*\*\* PRESSURE FOR THE TEXAS HUGOTON FIELD IS REPORTED IN PSIG

X AN "X" PREPRINTED ON A SURVEY IN THE BOTTOMHOLE PRESSURE BOX INDICATES A BOTTOMHOLE PRESSURE MUST BE REPORTED FOR THE WELL