



STATE OIL AND GAS BOARD OF ALABAMA

Well Capacity Test

01 - - -

Form OGB-22, Rev. 07/13 (File in duplicate)

Permit Number New Well Retest Annual

API Number

Name of Operator

Address City State Zip

1. Well name and number 2. County 3. Well Location (surface) (give footage from nearest section or offshore tract lines) Section-Township-Range or Tract 4. Field (If wildcat, so state) 5. Pool 6. Allowable (if assigned) 7. Date of last test

TEST DATA

A. Average rate at which well produced for 72 hours preceding capacity test Mcf/d\* Time started Date Time finished Date B. 72-hour wellhead shut-in pressure (Ps) psia Time started Date Time finished Date C. Average production rate during 48-hour stabilization period Mcf/d Stabilized flowing wellhead pressure psia Average production rate during 24-hour capacity period (C) Mcf/d Stabilized flowing wellhead pressure (Pf) psia Time started Date Time finished Date Choke size Type Pipeline pressure psig Deliverability (D) (see reverse side)

Test conducted by (Name) (Title)

Witnessed by (Name) (Title)

Person to contact regarding this form Phone number Fax number E-mail address

Remarks:

\* Mcf=1,000 cubic feet

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,