

GAS WELL
CLASSIFICATION REPORT

1. OPERATOR NAME (Exactly as shown on Form P5 Organization Report)		3. RRC DISTRICT NO.	4. OIL LEASE NO OR GAS WELL ID NO.
2. MAILING ADDRESS		5. WELL NO.	6. API NO. 42-
		7. COUNTY OF WELL SITE	

8. FIELD NAME (as per RRC Records)	9. LEASE NAME
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10. LOCATION (Section, Block and Survey)	11. PIPELINE CONNECTION OR USE OF GAS
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<p>PRODUCTION TEST AT RATE ELECTED BY OPERATOR (data on 24-hour basis)</p> <p>A. Date of Test _____</p> <p>B. Gas Volume _____ (Mcf)</p> <p>C. Oil or Condensate Volume _____ (Bbl)</p> <p>D. Water Volume _____ (Bbl)</p> <p>E. Gas/Liquid Hydrocarbon Ratio _____ (Cf/Bbl)</p> <p>F. Flowing Tubing Pressure _____ (psia)</p> <p>G. Choke Size _____ (in.)</p> <p>H. Casing Pressure _____ (psia)</p> <p>I. Shut-in Wellhead Pressure-- Tubing _____ (psia)</p> <p>J. Separator Operating Pressure _____ (psia)</p> <p>K. Color of Stock Tank Liquid _____</p> <p>L. Gravity of Separator Liquid _____ °API</p> <p>M. Gravity of Stock Tank Liquid _____ °API</p> <p>N. Specific Gravity of the Gas (Air = 1) _____</p>	<p>A.S.T.M. DISTILLATION OF LIQUID SAMPLE. Distillation test is required for gas wells ONLY if the producing gas-liquid hydrocarbon ratio is less than 100,000 CF/barrel.</p> <p>Date Liquid Sample Obtained _____</p> <p>Where Obtained: <input type="checkbox"/> Separator <input type="checkbox"/> Stock Tank</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">% Over Temp. (deg. F)</td> <td style="width: 50%;">% Over Temp. (deg. F)</td> </tr> <tr> <td>Initial Boiling Temp. _____</td> <td>60 _____</td> </tr> <tr> <td>10 _____</td> <td>70 _____</td> </tr> <tr> <td>20 _____</td> <td>80 _____</td> </tr> <tr> <td>30 _____</td> <td>90 _____</td> </tr> <tr> <td>40 _____</td> <td>95 _____</td> </tr> <tr> <td>50 _____</td> <td>End Point _____</td> </tr> </table> <p>Total Recovery _____ percent</p> <p>Residue _____ percent</p> <p>Loss _____ percent</p>	% Over Temp. (deg. F)	% Over Temp. (deg. F)	Initial Boiling Temp. _____	60 _____	10 _____	70 _____	20 _____	80 _____	30 _____	90 _____	40 _____	95 _____	50 _____	End Point _____
% Over Temp. (deg. F)	% Over Temp. (deg. F)														
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<p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, 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 therein are true, correct, and complete to the best of my knowledge.</p>	<p>NAME (Type or Print)</p>	<p>RRC USE ONLY</p>
	SIGNATURE	
	TITLE ()	
	CONTACT PERSON PHONE NUMBER	
DATE		