

WELL POTENTIAL TEST REPORT (WPT)

1. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION	4. LEASE NO.	3. WELL NO.	2. API NO. <i>(with Completion Code)</i>	11. OPERATOR NAME and ADDRESS <i>(Submitting Office)</i>
8. FIELD NAME	5. AREA NAME	6. BLOCK NO.	50. RESERVOIR NAME	
88. TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> REWORK <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> REESTABLISH	89. ATTACHMENTS PER §§ 250.1151(a) and 250.1167 <input type="checkbox"/> LOG SECTION <input type="checkbox"/> RESERVOIR STRUCTURE MAP <input type="checkbox"/> OTHER _____	7. OPD NO.	10. BSEE OPERATOR NO.	43. DATE OF FIRST PRODUCTION
		9. UNIT NO.	90. RESERVOIR CLASSIFICATION <input type="checkbox"/> SENSITIVE	<input type="checkbox"/> NONSENSITIVE

WELL TEST

92. DATE of TEST	93. PRODUCTION METHOD	94. TYPE OF WELL <input type="checkbox"/> OIL <input type="checkbox"/> GAS	95. HOURS TESTED	96. CHOKE SIZE <i>(Test)</i>	97. PRETEST TIME
98. CHOKE SIZE <i>(Pretest)</i>	99. SHUT-IN WELLHEAD PRESSURE <i>(Gas wells only)</i>	100. FLOWING TUBING PRESSURE	101. STATIC BHP <i>(Omit on Public Info. Copy)</i>		
102. LINE PRESSURE <i>(Gas wells only)</i>		103. TOP PERFORATED INTERVAL (md)		104. BOTTOM PERFORATED INTERVAL (md)	

TEST PRODUCTION - 24 HOUR RATES

105. OIL (BOPD)	106. GAS (MCFPD)	107. WATER (BWPD)	108. API @ 14.73 PSI & 60° F	109. SP GR GAS @ 14.73 PSI & 60° F
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115. OTHER ACTIVE COMPLETIONS IN RESERVOIR <i>(Continue in Remarks or attach an additional sheet if necessary.)</i>					
LEASE NO.	WELL NAME	API WELL NO.	LEASE NO.	WELL NAME	API WELL NO.
1.			5.		
2.			6.		
3.			7.		
4.			8.		

91. REQUESTED MAXIMUM PRODUCTION RATE (MPR) <i>(Required only for Pacific and Alaska OCS Regions.)</i>					
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26. CONTACT NAME	27. CONTACT TELEPHONE NO.	32. CONTACT E-MAIL ADDRESS
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28. AUTHORIZING OFFICIAL <i>(Type or print name)</i>	29. TITLE
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30. AUTHORIZING SIGNATURE	31. DATE
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THIS SPACE FOR BSEE USE ONLY	REQUESTED MPR	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED <i>(Pacific and Alaska OCS Regions)</i>
BSEE AUTHORIZING OFFICIAL		EFFECTIVE DATE

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116. REMARKS

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to the criminal penalties of 18 U.S.C. 1001.

Name and Title: _____ Date: _____

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44. U.S.C. 3501 et seq.) requires us to inform you that this information is collected to implement the various environmental provisions of the OCS Lands Act. We use the information to determine well, lease, and field producing capability and serves as the basis for approving maximum production rates for certain oil and gas completions. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden of this form is estimated to average **3.4 hours per response**, including the time needed to prepare the map, time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.