

## SEMIANNUAL WELL TEST REPORT (SWTR)

1. TYPE OF SUBMITTAL <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION			188. CHECK ONE ONLY <input type="checkbox"/> OIL WELLS <input type="checkbox"/> *GAS WELLS  * (Required for gas wells only)			8. FIELD NAME			11. OPERATOR NAME and ADDRESS <i>(Submitting Office)</i>			
189. REPORTING PERIOD STARTING DATE			190. UNIT NO. (if applicable)			10. BSEE ASSIGNED OPERATOR NO.						
4. LEASE NUMBER	3. WELL NAME	2. API WELL NUMBER/ PRODUCING INTERVAL CODE	105. NET OIL/ CONDENSATE (BBLS/DAY)	106. NET GAS (MCF/DAY)	107. NET WATER (BBLS/DAY)	96. CHOKE SIZE (64THS)	100. FLOWING TUBING PRESSURE (PSIG)	99.* SHUT-IN WELLHEAD PRESSURE (PSIG)	102.* LINE PRESSURE (PSIG)	93. PRODUCTION METHOD	108. API Oil/ CONDENSATE GRAVITY	92. DATE OF TEST
26. CONTACT NAME			28. AUTHORIZING OFFICIAL <i>(Type or print name)</i>				29. TITLE				FOR BSEE USE ONLY DATA ACCEPTED ----- DATE	
27. CONTACT TELEPHONE NO.			30. AUTHORIZING SIGNATURE				31. DATE					

**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 OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to evaluate the results of well test. BSEE uses this information to determine if reservoirs are being depleted in a manner that will lead to the greatest ultimate recovery of hydrocarbons and to ascertain that oil and gas wells continue to be capable of producing maximum production rates if assigned. 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 for this form is estimated to average 4 hours per form depending on the number of well tests reported, including the 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 this form to the Information Collection Clearance Officer, Bureau of Safety and Regulatory Enforcement, 381 Elden Street, Herndon, VA 20170.