### DELIVERABILITY GAS TEST

**TEST TYPE**

- [ ] Initial
- [ ] Annual
- [ ] Alternate Year
- [ ] Retest

(Choose one; see explanation at bottom)

**Date of First Sales**

**Effective Date**

- Location in Sec.: Twp. Sec. (N) Rge. (ECM)
- Gas Measurer: OCC/OTC Measurer No.
- Operator Name: OCC/OTC Operator No.
- Address
- City
- Phone No.
- State
- Zip

**Well Shut-in Date**

- Time
- Shut-in Pressure (P_s) (96 hrs) psig + 14.4 = psia

**REQUIRED FOR TEST YEAR ONLY; ALTERNATE YEAR SKIP THIS SECTION**

**Well Opened Date**

- Time
- Test Completion Date
- Time

**Working Pressure (P_w)**

- psig + 14.4 = psia

**Meter Pressure (P_m)**

- H₂O Differential (h_w)

- Inches
- Roots

**Size Run**

- Size Orifice
- Acreage
- Type Connections (F/P)

**FOR COMMISSION USE ONLY**

\[
C \times \frac{F}{P_m} = \frac{P_s - P_a}{F''} - \frac{P_e - P_w}{F''}
\]

**Corporation Commission Representative**

**Operator Representative**

**TEST YEAR:**

Even numbered sections in even numbered years; odd numbered sections in odd numbered years. All initial tests on new wells, regardless of section or year.

**ALTERNATE YEAR:**

Even numbered sections in odd numbered years; odd numbered sections in even numbered years. Annual-status tests only.