

INITIAL PRODUCTION REPORT

Two (2) copies of this report are to be completed and submitted to the district office within days following the fifth after the well has been placed on normal production.

Well Name: _____ License Number: _____

Operating Company: _____

Battery Well Produced To (name & locations): _____

Completion Interval(s): _____ m to _____ m _____ m to _____

Open Hole: Perforated: Formation: _____

Completion Oil:

Source of Completion Oil (Co. & location): _____

Volume Supplied: _____ m³

Date Supplied: * / /
 YY MM DD

Date YY MM DD	Completion Oil Used (m ³)	Completion Oil Recovered (m ³)	Completion Oil To Be Recovered (m ³)	Water Produces (m ³)

(Continue on separate sheet if necessary)

Disposition of Recovered Completion Oil: _____ m³ to _____
 (Co. & location)

On-Production Date: * / /
 YY MM DD

- * Official on-production date (i.e. date of first new oil production after completion oil recovered).
- * Date in which the well produces oil in excess of the volume of completion oil used.

Production Test:

Date YY MM DD	Hours Produced	Oil Produced m ³	Water Produced m ³	Pumping	Flowing	Gas-Oil Ratio (m ³ / m ³)	Oil Density (kg/ m ³)
Totals							

 (Submitted By) (Position) (Telephone)

Remarks: _____