

North Dakota State Industrial Commission

SUBSURFACE MINERALS

RESERVOIR PRESSURE TEST

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.
PLEASE SUBMIT THE ORIGINAL.

| | | | |
|---|-------|----------------|-------------------|
| Datum <small>Feet Below S.L.</small> | Field | Pool | |
| Operator | | | Telephone Number |
| Address | | City | State Zip Code |
| Required Test <input type="checkbox"/> Reason | | Equipment Used | |
| Special Test | | | |

| Well Name and Number | Well File Number | Date of Test | Depth of Test (Feet) | Reservoir Temperature (°F) | Fluid Gradient Opposite Reservoir (PSI/Ft) | Tubing Pressure (PSI) | Reservoir Pressure (PSI) |
|----------------------|------------------|--------------|----------------------|----------------------------|--|-----------------------|--------------------------|
| | | | | | | | |

| | |
|--|---|
| % Variation in Calibration of Instrument Before Test | % Variation in Calibration of Instrument After Test |
|--|---|

| | |
|---|-----------------------------|
| Name(s) of Person(s) Witnessing Above Tests | Name of Company or Operator |
|---|-----------------------------|

Comments

| | |
|--|------|
| I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records. | Date |
|--|------|

| | | |
|-----------|--------------|-------|
| Signature | Printed Name | Title |
|-----------|--------------|-------|

| | | |
|------------------------------|----------------------|---------------|
| Above Signature Witnessed By | | |
| Witness Signature | Witness Printed Name | Witness Title |

RESERVOIR PRESSURE TEST - FORM 9-sm

1. Please refer to Section 43-02-02-22.2 of the North Dakota Administrative Code regarding subsurface pressure tests.
2. A separate report is required for each different pool.
3. A subsurface pressure test is required on the discovery well of any new pool and the report shall be submitted within thirty (30) days after the completion of the well.
4. All wells shall remain completely shut-in for at least 48 hours, or for a duration prescribed by the appropriate field order, prior to the test.
5. The datum, field, pool, operator, well names and numbers, and well file numbers shall coincide with the official records on file with the Commission.
6. Reasons for test are: required by field order, new completion, recompletion, discovery, etc.
7. Wells shall be clearly identified by well name and number and well file number.
8. The original of this report shall be filed with the Industrial Commission of North Dakota, Geological Survey Division, 600 East Boulevard, Dept. 405, Bismarck, ND 58505-0840.