



RESERVOIR PRESSURE TEST - FORM 9A

DEPARTMENT OF MINERAL RESOURCES
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 474
BISMARCK, ND 58505-0614
SFN 5756 (04-2006)

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

For Month/Year

Datum Feet Below S.L.		Field	Pool	
Operator				Telephone Number
Address		City	State	Zip Code
Required Test Special Test	Reason	Equipment Used		

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
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Name(s) of Person(s) Witnessing Above Tests	Name of Company or Operator
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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
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Above Signature Witnessed By

Witness Signature	Witness Printed Name	Witness Title
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1. Please refer to Section 43-02-03-41 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 Department of Mineral Resources, Oil and Gas Division, 600 East Boulevard, Dept. 474, Bismarck, ND 58505-0614.