STATE OF ALASKA

ALASKA OIL AND GAS CONSERVATION COMMISSION

WELL STATUS REPORT AND GAS-OIL RATIO TESTS

20 AAC 25.270

Operator:	Field and Pool:	Unit or Lease Name:
Address:	Reporting Period:	

Well Name and No.	API Number 50-XXX-XXXXX-XX-XX	Date of Test	Method	Choke Size	Pressures			Length of Test	Separator Temp, °F	Production During Test					Gas-Oil Ratio Cu. Ft./Bbl.
					Tubing	Casing	Separator			Water Bbls.	Gravity Oil	Oil Bbls.	Gravity Gas	Gas MCF	

All tests reported herein were made in accordance with the applicable rules, regulations, and instructions of the Alaska Oil and Gas Conservation Commission.

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Certified Digital Signature: _____ Title: _____

Printed Name: Date:

Submit PDF and Excel to aogcc.reporting@alaska.gov