

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
RESERVOIR PRESSURE REPORT

1. Operator:	2. Address:
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3. Unit or Lease Name:	4. Field and Pool:	5. Datum Reference:	6. Oil Gravity:	7. Gas Gravity:
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8. Well Name and Number:	9. API Number 50XXXXXXXXXXXXX NO DASHES	10. Type See Instructions	11. AOGCC Pool Code	12. Zone	13. Perforated Intervals Top - Bottom TVDSS	14. Final Test Date	15. Shut-In Time, Hours	16. Press. Surv. Type (see instructions for codes)	17. B.H. Temp.	18. Depth Tool TVDSS	19. Final Observed Pressure at Tool Depth	20. Datum TVDSS (input)	21. Pressure Gradient, psi/ft.	22. Pressure at Datum (cal)

23. 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 _____