\*Please read instructions (Page 3) before filling out form.

OPERATOR:

Address:

City:       State:       Zip Code:       Telephone:

Contact Name:       Email Address:

Required Test: [ ]  Yes [ ]  No Reason for Test:

Type of Test:

|  |  |  |  |
| --- | --- | --- | --- |
| Identification  | Test Information | Production Volumes for Test |  |
| Well Name and Number | US WellNumber | Field | Reservoir | Date of Test | Production Method | Length of Test  | Produced Water (BBL) | Gas(MCF) | Oil (BBL) | Gas-Oil Ratio |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |       |

**AFFIDAVIT**

|  |  |
| --- | --- |
| 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       |

**\*\*\*\*\*\*\*\*\*\*\* IDL Office Use Only \*\*\*\*\*\*\*\*\***

Reviewed by:       Date: \_     \_\_\_\_\_\_\_\_\_

Filed by:       Date:      \_\_\_\_\_\_\_\_\_

**IDAPA Rules**

1. Gas-Oil Ratio Definition: See IDAPA 20.07.02.22
2. Gas-Oil Ratio Surveys And Reports: See IDAPA 20.07.02.405
3. Measurement Of Oil: See IDAPA 20.07.02.401.01 and 20.07.02.401.02
4. Measurement Of Gas: See IDAPA 20.07.02.402.02

**Instructions**

1. A separate report form is required for each different pool.
2. The test will be conducted using petroleum engineering best practices and the operator will appropriately document and reference those practices in this report.
3. The field, reservoir, operator, well names and numbers will coincide with the official records on file with the Commission.

1. Reasons for test are: Required by department; New completion; Recompletion; Routine test, etc.

 **Please submit Report to:**

Idaho Department of Lands

Oil and Gas Program

300 N. 6th Street, Suite 103

PO Box 83720

Boise, Idaho 83720-0050