Idaho Department of Lands

Idaho Oil and Gas Conservation Commission

# Gas-Oil Ratio Report Form

*This form is three (3) pages, please read and complete all sections.*

Report

Operator:

Address:

City: State: Zip Code: Telephone: Email:

Contact Name:

Required Test:  Yes  No Reason for Test:

Type of Test:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification | | Test Information | | | | | Production Volumes for Test | | | Ratio |
| Well Name and Number | US Well  Number | 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 test:

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.

Signature:

Printed Name:

Title:

Date:

Above Signature Witnessed By

Witness Signature:

Witness Printed Name:

Witness Title:

Date:

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

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

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

IDAPA Rules

1. Gas-Oil Ratio Definition: IDAPA 20.07.02.14
2. Gas-Oil Ratio Surveys And Reports: IDAPA 20.07.02.405
3. Measurement Of Oil: IDAPA 20.07.02.401
4. Measurement Of Gas: IDAPA 20.07.02.402

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.
4. 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