



STATE OIL AND GAS BOARD OF ALABAMA

First Production or Retest Report

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Form OGB-9, Rev. 07/13 (File in triplicate)

Permit Number New Well Retest

API Number Workover/Recompletion

Name of Operator Address City State Zip

1. Well name and number 2. County 3. Well Location (surface) (give footage from nearest section or offshore tract lines) Section-Township-Range or Tract

WELL DATA

Form with fields: Type of well (oil, gas), Field (if wildcat, so state), Producing horizon, Perforated: from to, Producing string: size depth set, Total depth (driller), Plug back TD, Tubing string: size depth set, Packer: size depth set

TEST DATA

Form with fields: Test Date, Duration, Time started, Time Finished, Shut in tubing pressure prior to test, Shut in casing pressure prior to test, Production method, Opening tank gauge, Closing tank gauge, Difference, Gas-liquid ratio, Tank coefficient, Choke: size, type, Opening meter reading, Closing meter reading, Difference, Casing pressure during test, Meter calibration factor, B.S. & W. percent; Water, Corrected gravity, Specific gravity gas, Well stimulated prior to this test, Amount of hydrocarbons produced during test, Amount of hydrocarbons produced prior to test, Hydrocarbon analysis available, Hydrogen sulfide content, Shut in tubing pressure after test, Shut in casing pressure after test

Gauged by Name Title Witnessed by Name Title Person to contact regarding this form Phone number Fax number E-mail address

Remarks:

* Mcf = 1,000 cubic feet

Executed this the day of , 20 Signature

Before me, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this day of , 20

SEAL My commission expires

Notary Public in and for County,

