



ARKANSAS OIL AND GAS COMMISSION

Submit Form To:
Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903
Fax: 479-649-7656

FORM 13 DRY NATURAL GAS WELL TEST

Check All Appropriate Boxes:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Initial Test | <input type="checkbox"/> Production Test | <input type="checkbox"/> Re-Test | <input type="checkbox"/> Corrected Test |
| <input type="checkbox"/> Severance Tax Test | <input type="checkbox"/> Recompletion Test | <input type="checkbox"/> Commingle Test | <input type="checkbox"/> Additional Allowable Test |
| <input type="checkbox"/> AOGC Witnessed Test | <input type="checkbox"/> Tubing Zone Test | <input type="checkbox"/> Casing Zone Test | <input type="checkbox"/> Other |

NOTE: Test must be conducted with a well flow metering device that clearly measures the flow rate from the well being tested. Test must be repeatable with AOGC witness present .

_____		_____		_____		_____	
Permit Number		Permit Holder		Well Name		Well Number	
_____	_____	_____	_____	_____	_____		
Section	Township	Range	Field	County	Reservoir / Zone		

Perforations (each interval of perforations in feet from top to bottom)							
_____		_____		_____		_____	
24 Hour Flow Test Start Time		Start Time Date		24 Hour Flow Test End Time		End Time Date	

Observations

- Yes No Permit Holder cleared wellbore of fluids prior to beginning test?
- Yes No Permit Holder flowed well through production facilities into pipeline (minimum of 24 hours prior to test)?
- Yes No Is there a meter for this well? (If no, explain in comments section and provide GPS location)
- Yes No Is the meter located at the well location? (If no, explain in comments section and provide GPS location)
- Yes No Does meter provide flow rate? (If no, explain in comments section)

Observed flow rate: _____ MCFD Meter Type: Digital Chart Other (Explain)

For wells completed in and producing from only unconventional sources of supply as defined by General Rule B-43, the highest twenty-four (24) hour production rate during the first forty (40) days of production is _____ MCFD.

Comments _____

I declare under the penalties of perjury that this test report has been examined by me and to the best of my knowledge is true, correct and complete.

_____	_____
Signature of Permit Holder's Representative	Signature of AOGC's Representative (If witnessed)
_____	_____
Printed Name of Permit Holder's Representative	Printed Name of AOGC's Representative (If Witnessed)