STATE OF LOUISIANA

OFFICE OF CONSERVATION

OIL WELL POTENTIAL REPORT

DISTRICT _____ CODE _____ OPERATOR _____ CODE _____

FIELD _____ CODE _____ ADDRESS _____

PARISH _____ CODE _____ _____

INPUT TYPE DM 1 R (11-13)

[ ] 1 OC ONLY

[ ] 2 ORIGINAL

[ ] 3 CORRECTION

AGENT SIGNATURE _____ AGENT NAME/TITLE _____

AGENT CONTACT #/EMAIL _____ PAGE _____ of _____

REPORT DATE _____ MONTH _____ YEAR

WELL DATA						POTENTIAL TEST											
SERIAL NUMBER	LUW CODE NO.	CURRENT WELL NAME	WELL NUMBER	PERFORATED INTERVAL		OIL BBLS /DAY	WATER BBLS /DAY	CHOKE /64"	BS & W %	GOR CF/ BBL	API GRAV. @ 60 F.	WELLHEAD PRESSURE		PM	STATUS IF INACTIVE	DATE OF TEST OR STATUS (MM-DD-YY)	O.C. USE ONLY
				FROM	TO							FLOWING PSIG	SHUT-IN IF RUN PSIG				