DT 1 (11-13)

STATE OF LOUISIANA
OFFICE OF CONSERVATION
GAS WELL DELIVERABILITY TEST

DISTRICT _____ CODE _____ OPERATOR _____ CODE _____
FIELD _____ CODE _____ ADDRESS _____
PARISH _____ CODE _____ _____

INPUT	TYPE	
☐	1	OC ONLY
☐	2	ORIGINAL
☐	3	CORRECTION

AGENT SIGNATURE _____ PURCHASER _____ REPORT DATE _____ (MONTH) _____ (YEAR)

AGENT NAME/TITLE _____ AGENT CONTACT #/EMAIL _____ PAGE _____ OF _____

WELL DATA							DELIVERABILITY TEST											
SERIAL NUMBER	LUW CODE	CURRENT WELL NAME	WELL NUMBER	ASSIGNED ACREAGE	PERFORATED INTERVAL		GAS MCF / DAY	BARRELLS / DAY		CHOKE /64"	GAS GRAVITY	API GRAV @ 60° F	WELL HEAD PRESS.		BHP IF RUN PSIG	LINE PRESS. PSIG	STATUS IF IN-ACTIVE	DATE OF TEST OR STATUS (MM-DD-YYYY)
					FROM	TO		COND	WATER				FLOWING PSIG	SHUT-IN PSIG				