

**GEOHERMAL PRODUCTION TEST
COMPLETION OR RECOMPLETION REPORT AND LOG**

		7. RRC District
		8. RRC Lease Number
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME	9. Well Number
3. OPERATOR		10. County
4. ADDRESS		11. Purpose of Test Initial <input type="checkbox"/> Retest <input type="checkbox"/> Reclass <input type="checkbox"/>
5. If Operator has changed within last 60 Days -- Give former Operator		
6a. LOCATION (Section, Block, and Survey)	6b. Distance and Direction to nearest town in this county.	
12. If Workover -- Give former Field (with Reservoir)	13. Type of Electric or other Log run.	14. Completion Date

SECTION 1

15. Date	16. Static test Shut-in well head		17. Production Test Data									
			17. Total Mass Flow Data					18. Separator Data				
	Temp. ° F	Pres. Psig	Lbs/ Hr	Temp. ° F	Pres. Psig	Enthalpy	Orifice	Water cuft/Hr	Steam Lbs/Hr	Pres. Psig	Temp. ° F	

INSTRUCTIONS: All production test Forms, with all information requested thereon filled in, shall be filed in the District Office of the Railroad Commission not later than ten (10) days after the test is completed and, should the operator fail to file production test in an acceptable Form within the ten (10) days as specified, then the effective date of the allowable resulting from such test shall not extend back more than ten (10) days prior to receipt and acceptance of the production test Form in the District Office. This Ten-Day provision shall govern regardless of whether the production test is taken during the month in which it is received in the District Office or any prior month. Fill in only the front of this Form when reporting only a production test; if well is newly completed or recompleted; fill in reverse side also.

EACH WITNESS MUST PERSONALLY SIGN.

We, the undersigned, witnessed this test, by observation of mass flow data, temperatures, and pressures, for the duration of this test.

Signature: REPRESENTATIVE OF COMPANY MAKING TEST
List of Offset Operators Notified and Date Notified:

Signature: REPRESENTATIVE OF RAILROAD COMMISSION
List of Offset Operators Notified and Date Notified:

An inclination survey has been run in accordance with Statewide Rule 11 and the results are available upon request. Maximum horizontal displacement was _____ feet at a measured depth of _____ feet.

Signature of Authorized Representative

Name of Company Conducting Survey

All casing was cemented in accordance with Statewide Rule 13 or a written exception thereto. Cementing tickets and/or other data are available upon request.

Signature of Cementer or Authorized Representative

Name of Cementing Company

CERTIFICATE:

I declare under penalties prescribed in Article 6036c, R. C. S., that I am authorized to make this report, that this report was prepared by me or under my supervision and direction and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

REPRESENTATIVE OF COMPANY

TITLE

DATE

SECTION II DATA ON WELL COMPLETION AND LOG (Not Required on Retest)

19. Type of Completion: **New Well** **Deepening** **Plug Back** **Other** 20. Date Permit Issued _____

21. Notice of Intention to Drill this Well was filed in Name of _____ 22. If Special Permit, Give Permit Number _____

23. Number of Producing Wells on this Lease in This Field (Reservoir) including this Well _____ 24. Total Number of Acres in this Lease _____

25. Date Plug Back, Deepening, Work Over or Drilling Operations: **Commenced** _____ **Completed** _____ 26. Distance to Nearest Well, Same Lease & Reservoir _____

27. Location of Well, Relative to Nearest Lease Boundaries of Lease on which this Well is Located _____ **Feet From Line of The** _____ **Line And** _____ **Feet From Lease** _____

28. Elevation (DF, RKB, RT, GR, ETC) _____ 29. Was Directional Survey Made **Yes** **No**

30. Top of Pay _____ 31. Total Depth _____ 32. P.B. Depth _____ 33. Surface Casing Determined By: **Recommendation of Texas Water Development Board** **Field Rules** **Railroad Commission (Special)**

34. Is Well Multiple Completion? **Yes** **No** 35. If Multiple Completion List All Reservoir Names (Completions in this Well) _____ 36. Intervals Drilled By: **Rotary Tools** _____ **Cable Tools** _____

37. Name of Drilling Contractor _____ 38. Is Cementing Affidavit Attached? **Yes** **No**

39. CASING RECORD (Report All Strings Set in Well)

CASING SIZE	WT #/ FT.	DEPTH SET	MULTI STAGE TOOL DEPTH	TYPE & AMOUNT CEMENT (Sacks)	HOLE SIZE	TOP OF CEMENT	SLURRY VOL. cu. ft.

40. LINER RECORD

Size	Top	Bottom	Sacks Cement	Screen

41. TUBING RECORD

Size	Depth Set	Packer Set	From	To

42. Producing Interval (this completion) indicate Depth of Perforations or Open Hole

From	To

43. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Depth Interval	Amount and Kind of Material Used

44. FORMATION RECORD (LIST DEPTHS OF PRINCIPAL GEOLOGICAL MARKERS AND FORMATION TOPS)

Formations	Depth	Formations	Depth

45. ENVIRONMENTAL CONTAMINATES

Hydrogen Sulfide	Mol %	Sulphur Dioxide	Mol %
Hydrogen Chloride	Mol %	Other Metallic Compounds (indicate below)	
Hydrogen Fluoride	Mol %		Mol %