FORM 983
(REV. 4-22-65)

NORTHERN NATURAL GAS COMPANY
OBSERVED SURFACE DATA WORKSHEET
SHEET 1

TYPE TEST: SIP ☐ INITIAL ☐ ANNUAL ☐ RETEST ☐ SPECIAL TEST DATE: _____

OPERATOR McClellan Oil Corp LEASE McCrea Comm. Fee WELL NO. #2

SEC. _____ TWP. BLK. _____ RNG. SUR. _____ COUNTY Chaves STA. NO. _____ PIPELINE CONN. _____

GA SYSTEM _____ FIELD _____ RESERVOIR _____

CSG. _____ WT. _____ TBG. SIZE _____ WT. _____ PERFS. _____ TO _____

TYPE COMPLETION: SINGLE ( ) GAS-GAS ( ) GAS-OIL ( ) PACKER@ _____ ft. FLOW STRING@ _____ ft.

DATE ON PREFLOW _____ TIME _____ DATE SHUT IN _____ TIME _____ LENGTH OF PREFLOW _____ AVG. PREFLOW RATE _____

DATE SHUT IN PRESS. TAKEN 5-28-87 TIME 3:00 pm LENGTH OF SHUT IN _____ SHUT IN CSG. PRESS. 477.6 psig SHUT IN TBG. PRESS. 477.6 psig

GAS GRAVITY (Gm) _____ (Gg) _____ API GRAVITY OF LIQUID @ 60°F _____ PROVER SIZE _____ METER RUN SIZE _____ ORIFICE SIZE _____ TYPE TAPS _____

DATE TIME OF READING	ELAP TIME HRS.	W.H. PRESSURE DATA				WELL HEAD TEMP.	METER OR PROVER DATA			LIQUID HYDRO-CARBONS BBLS.	WATER PRODUCED BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
		CASING psig	Δ P CSG.	TUBING psig	Δ P TBG.		PRESS psig	DIFF.	TEMP.			

TESTED BY: _____ WITNESSED BY: _____

PAGE _____ OF _____