

Pool _____ Operator _____

Lease _____ Well No. _____ Unit _____ S _____ T _____ R _____

DATE OF TEST	Daily	PRODUCED DURING TEST			Gas Oil	Packer
	Allowable	Water Bbls.	Oil, Bbls.	Gas, MCF	Ratio	Leakage Field
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Lease Well No. Unit S T R

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