

Operator	T. J. ...			Well No.	...
Location	...			County	...
Name of Property or Pool	...	...	...	Choke Size	...
Upper Completion	...	...	...	...	...
Lower Completion	...	...	...	...	...

ALOK TEST NO. 1

Well opened at (hour, date): 3:00 P.M. 10/10/1918

Well opened at (hour, date): 4:15 P.M. 10/10/1918

Indicate by (K) the zone producing.....

Pressure at beginning of test..... 280 45

Stabilized? (Yes or No)..... Yes

Maximum pressure during test..... 280 45

Minimum pressure during test..... 280 45

Pressure at conclusion of test..... 280 45

Pressure change during test (increase or decrease)..... 0

Was pressure change an increase or a decrease?.....

Well closed at (hour, date):.....

Oil Production During Test: 1 bbls; Grav. 50

Remarks Dr. ...

Well opened at (hour, date).....

Indicate by (K) the zone producing.....

Pressure at beginning of test.....

Stabilized? (Yes or No).....

Maximum pressure during test.....

Minimum pressure during test.....

Pressure at conclusion of test.....

Pressure change during test (increase or decrease).....

Was pressure change an increase or a decrease?.....

Well closed at (hour, date).....

Oil Production During Test: 1 bbls; Grav. 50

Remarks.....

I hereby certify that the information herein contained is true and correct to the best of my knowledge.

Signature [Signature] Date 10/10/1918

Signature [Signature] Date 10/10/1918