STATE OF LOUISIANA

DEPARTMENT OF CONSERVATION AND ENERGY

OIL WELL POTENTIAL REPORT

DISTRICT _____ CODE _____ OPERATOR _____ CODE _____

FIELD _____ CODE _____ ADDRESS _____

PARISH _____ CODE _____ _____

INPUT TYPE DM 1 R (10-25)

[ ] [1] OC ONLY

[ ] [2] ORIGINAL

[ ] [3] CORRECTION

AGENT SIGNATURE _____ AGENT NAME/TITLE _____

AGENT CONTACT #/EMAIL _____ PAGE _____ of _____

REPORT DATE _____ _____

MONTH YEAR

WELL DATA						POTENTIAL TEST										
SERIAL NUMBER	LUW CODE NO.	CURRENT WELL NAME	WELL NUMBER	PERFORATED INTERVAL FROM	PERFORATED INTERVAL TO	OIL BBLS /DAY	WATER BBLS /DAY	CHOKE /64"	BS & W %	GOR CF/ BBL	API GRAV. @ 60 F.	WELLHEAD PRESSURE FLOWING PSIG	WELLHEAD PRESSURE SHUT-IN IF RUN PSIG	PM	STATUS IF INACTIVE	DATE OF TEST OR STATUS (MM-DD-YY)	O.C. USE ONLY