

STATE OF NEVADA  
 COMMISSION ON MINERAL RESOURCES  
**DIVISION OF MINERALS**  
 400 W. King Street, Suite 106  
 Carson City, Nevada 89703  
 (775) 684-7040 | Fax (775) 684-7052

## GAS-OIL RATIO REPORT

Operator: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Pool: \_\_\_\_\_ Month of: \_\_\_\_\_ Year: \_\_\_\_\_

(check Required Test:   
 one) Special Test:

	Lease	Well No.	Date Test (mm/dd/yy)	Producing Method	Choke Size	Test Hours	Prod. During Test			GOR Cu. Ft. per Bbl.
							Water Bbls.	Oil Bbls.	Gas MCF	
1										
2										
3										
4										
5										
6										
7										
8										
9										

I certify this information to be true, correct, and complete.

Company: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Date: \_\_\_\_\_

- This report shall be submitted not later than 15 days after the test was conducted.
- Under producing methods show flowing, pumping, gas lift.
- Under 24 hours, show duration of test in hours which includes all time the well is open for production of oil or gas during the 24 hour test period.
- Produce each well in the normal operating manner and the customary production rate and measure all gas, oil and water produced during 24 hours. In computing the gas-oil ratio on gas lift wells, input is subtracted from output to obtain the net gas volume.