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By: _____ Date: _____

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
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GAS-OIL RATIO REPORT

Operator: _____
 Address: _____
 Lease: _____ Month of: _____ Year: _____

(check one)
 Required Test
 Special Test

Ln #	Permit Number	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.