

**For NDOM Use Only**

Entered in Database

By: \_\_\_\_\_ Date: \_\_\_\_\_

**MEASUREMENT INSPECTION RECORD – GAS**

Date: \_\_\_\_\_ Permit No: \_\_\_\_\_

Field: \_\_\_\_\_ API No: \_\_\_\_\_

Unit: \_\_\_\_\_ Operator: \_\_\_\_\_

County/State: \_\_\_\_\_ Purchaser: \_\_\_\_\_

Travel Time: \_\_\_\_\_ Inspection Time: \_\_\_\_\_

**GAS**

1. Disposition of Gas: Sold:  Yes  No Flared/Vented:  Yes  No Used on Lease:  Yes  No

If yes, describe use:

2. Sales meter calibration witnessed:  Yes  No If yes, attach copy of calibration report and complete only those items in this section not listed in the report.

3. Meter Mfg: \_\_\_\_\_ Serial No(s): \_\_\_\_\_

4. Meter Run Size: \_\_\_\_\_ Orifice Size: \_\_\_\_\_ Orifice Condition: \_\_\_\_\_

5. Type of taps: Flange  Pipe

Static Pressure Tap: Upstream: \_\_\_\_\_ Downstream: \_\_\_\_\_

6. Meter Range: Differential: \_\_\_\_\_ Static: \_\_\_\_\_

7. Normal frequency of sales meter calibration (per operator): \_\_\_\_\_

8. Specific gravity determined:  Yes  No

9. If gas flared/vented or used on lease, method of measurement: Meter  Pitot Tube   
 Orifice Well Tester  Critical Flow Prover  Other  \_\_\_\_\_

10. Method of estimating acceptable:  Yes  No

Results:

11. Remarks: