



State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

**BOTTOM HOLE PRESSURE**

|                                                          |                                                                   |
|----------------------------------------------------------|-------------------------------------------------------------------|
| 1. OGCC Operator Number: _____                           | 4. Contact Name and Telephone<br>_____<br>No: _____<br>Fax: _____ |
| 2. Name of Operator: _____                               |                                                                   |
| 3. Address: _____<br>City: _____ State: _____ Zip: _____ |                                                                   |

|                                                                                                                                                                                                                                                                                                               |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 5. API Number: _____                                                                                                                                                                                                                                                                                          | 6. OGCC Lease No.: _____ |
| 7. Well Name: _____                                                                                                                                                                                                                                                                                           | Well Number: _____       |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____                                                                                                                                                                                                                                                          |                          |
| 9. County: _____                                                                                                                                                                                                                                                                                              | 10. Field Name: _____    |
| 11. Federal, Indian or State Lease Number: _____                                                                                                                                                                                                                                                              |                          |
| 12. Well Elevation: <input type="checkbox"/> KB <input type="checkbox"/> GL _____ feet                                                                                                                                                                                                                        |                          |
| 13. Bottom Hole Pressure: _____ psia at a depth of _____ feet.                                                                                                                                                                                                                                                |                          |
| 14. Date Measured: _____                                                                                                                                                                                                                                                                                      |                          |
| 15. Number of Hours Well Was Shut-In: _____ hours                                                                                                                                                                                                                                                             |                          |
| 16. Method Used to Obtain Bottom Hole Pressure:<br><input type="checkbox"/> Bottom Hole Pressure Recorder<br><input type="checkbox"/> Surface Pressure and Fluid Level Measurement Used to Calculate BHP: Casing Pressure: _____ Fluid Level: _____<br><input type="checkbox"/> Other Method (Specify): _____ |                          |
| 17. Formation: _____                                                                                                                                                                                                                                                                                          |                          |
| 18. Completed Interval (Net Footage): _____                                                                                                                                                                                                                                                                   |                          |
| 19. Production Rates:<br>Gas: _____ mcf/d Water: _____ bpd Date Reported: _____                                                                                                                                                                                                                               |                          |
| 20. Flowing Tubing Pressure: _____ psi                                                                                                                                                                                                                                                                        |                          |
| 21. Flowing Casing Pressure: _____ psi                                                                                                                                                                                                                                                                        |                          |
| 22. Type of Production: <input type="checkbox"/> Downhole Pump <input type="checkbox"/> Flowing <input type="checkbox"/> Plunger <input type="checkbox"/> Gas Lift<br><input type="checkbox"/> Other: _____                                                                                                   |                          |
| 23. Bottom Hole Temperature (temperature of produced water at well head can be used): _____ ° <input type="checkbox"/> F or <input type="checkbox"/> C                                                                                                                                                        |                          |
| 24. Method of Temperature Measurement: <input type="checkbox"/> Bottom Hole Temperature <input type="checkbox"/> Produced Water Measurement                                                                                                                                                                   |                          |
| 25. Comments: _____<br>_____<br>_____                                                                                                                                                                                                                                                                         |                          |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_