

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 _____ No: _____ Fax: _____
2. Name of Operator: _____	
3. Address: _____	
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: <input type="checkbox"/> Bottom Hole Pressure Recorder <input type="checkbox"/> Surface Pressure and Fluid Level Measurement Used to Calculate BHP: Casing Pressure: _____ Fluid Level: _____ <input type="checkbox"/> Other Method (Specify): _____	
17. Formation: _____	
18. Completed Interval (Net Footage): _____	
19. Production Rates: 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 <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: _____ _____ _____	

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: \_\_\_\_\_