Amount of Oil Production bbls. Size of choke, if any Length of test

_____bbls. Gravity of oil_____Type of Pump 11 pump is used, describe__

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I, the undersigned, being first day syon upon oath, state that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

Time and title of representative of company

Subscribed and sworn to before me this... My Commission expires.