

**MISSISSIPPI STATE OIL & GAS BOARD
GAS WELL DELIVERABILITY TEST**

DATE _____ OPERATOR _____ FIELD _____

COUNTY _____ PURCHASER _____ SIGNATURE _____ TITLE _____

| POOL & LEASE | WELL NO. | MCF PER DAY | | DELIVERABILITY TEST | | | | | | |
|--------------|----------|-------------------|-------------------------|---------------------|------------|--------------|-----------------------|------------------|--------------|------------------------|
| | | PRESENT ALLOWABLE | RECOMMENDED MAX. DELIV. | GAS MCF/D | CHOKE 64TH | FLOWING T.P. | SHUT IN * 24 HR. T.P. | LENGTH TEST HRS. | DATE OF TEST | LENGTH OF STAB. PERIOD |
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* IF AVAILABLE

INSTRUCTIONS

1. No well shall be granted a monthly allowable in excess of its deliverability test.
2. Recommended maximum delivery shall be the maximum rate at which the operator would recommend producing the well.
3. All gas wells shall be grouped by pools.
4. The Mississippi State Oil and Gas Board shall be notified five (5) days prior to the test.
5. This form shall be filed in duplicate with the Supervisor of the Mississippi State Oil and Gas Board within thirty (30) days after the end of each test period.
6. Each well shall be tested for a minimum of four (4) hours immediately after the well has been produced on a stabilization period of at least eight (8) hours.
7. Deliverability tests shall be run twice a year and results filed with this office.