

*Submit one original plus one copy.*

## BOTTOMHOLE PRESSURE SURVEY REPORT

Field	Lease	Well Name	Reservoir Name	Operator Name & Address
API No. (with completion code)		Date of Test		

### Test Data

Shut-in Time	Bottomhole Temperature	KB to Sea Level Elevation	KB to THF Elevation	THF to Sea Level Elevation
Product (Oil or Gas)	Test Number (1, 2, ...)	Shut-in Tubing Pressure	Perforations	

### Bottomhole Pressure Points

(Attach any additional points)

Measured Depth from THF	True Vertical Depth from KB	Pressure	Pressure Gradient

**COMPANY CONTACT NAME:** \_\_\_\_\_ **TELEPHONE NO.** \_\_\_\_\_

**COMPANY CONTACT ADDRESS:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**REMARKS:**  
\_\_\_\_\_  
\_\_\_\_\_

**Paperwork Reduction Act Statement:** The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to implement the various environmental provisions of the OCS Land Act. We use this information in reservoir engineering calculations for the conservation of natural resources, prevention of waste, and protection of correlative rights including Federal royalty interests. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 550.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 15 hours per response, including the time for lining up the test, performing the test, reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Information Collection Clearance Officer, Bureau of Ocean Energy Management, 45600 Woodland Road, Sterling, VA 20166.