



GAS-OIL RATIO REPORT - FORM 9

DEPARTMENT OF MINERAL RESOURCES
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 474
BISMARCK, ND 58505-0614
SFN 5755 (01-2008)

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.
PLEASE SUBMIT THE ORIGINAL.

Field		Pool	
Operator			Telephone Number
Address		City	State Zip Code
Required Test	Reason	Equipment Used	
Special Test			

ALL VOLUMES MUST BE CORRECTED TO 14.73 PSIA AND 60 DEGREES F.

Well Name and Number	Well File Number	Date of Test	Production Method	Test Hours	Production For Test			GOR
					Oil (Bbls)	Water (Bbls)	Gas (MCF)	

Name(s) of Person(s) Witnessing Above Tests	Name of Company or Operator
---	-----------------------------

Comments

I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records.	Date
--	------

Signature	Printed Name	Title
-----------	--------------	-------

Above Signature Witnessed By		
Witness Signature	Witness Printed Name	Witness Title