DT 1 (10-25)

STATE OF LOUISIANA
DEPARTMENT OF CONSERVATION AND ENERGY
GAS WELL DELIVERABILITY TEST

DISTRICT ____________ CODE ______ OPERATOR ________________ CODE ______
FIELD ____________ CODE ______ ADDRESS ________________
PARISH ____________ CODE ______ ________________

INPUT TYPE
☐ 1 OC ONLY
☐ 2 ORIGINAL
☐ 3 CORRECTION

AGENT SIGNATURE ________________ PURCHASER ________________ REPORT DATE ________________
MONTH YEAR

AGENT NAME/TITLE ________________ AGENT CONTACT #/EMAIL ________________ PAGE ______ OF ______

WELL DATA							DELIVERABILITY TEST											
SERIAL NUMBER	LUW CODE	CURRENT WELL NAME	WELL NUMBER	ASSIGNED ACREAGE	PERFORATED INTERVAL		GAS MCF / DAY	BARRELLS / DAY		CHOKE /64"	GAS GRAVITY	API GRAV @ 60° F	WELL HEAD PRESS.		BHP IF RUN PSIG	LINE PRESS. PSIG	STATUS IF IN-ACTIVE	DATE OF TEST OR STATUS (MM-DD-YYYY)
					FROM	TO		COND	WATER				FLOWING PSIG	SHUT-IN PSIG				