

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME exactly as on P-5, Organization Report	2. P-5 OPER. NO.	3. RRC DISTRICT NO.
4. ADDRESS including city, state, and zip code	5. COUNTY	
	6. FIELD NAME as shown on RRC Proration Schedule	
7. LEASE NAME as shown on RRC Proration Schedule	8. RRC GAS ID NO.	9. WELL NO.
10. DAILY CAPABILITY VOLUME (MCF per day)	11. DATE OF DETERMINATION	
12. METHOD OF DETERMINATION (See Instructions)		
<input type="checkbox"/> Well test <input type="checkbox"/> Other (specify)		
13. Complete ONE of the following, as appropriate <span style="float:right"><i>Seal</i></span>		
<input type="checkbox"/> <b>Registered Professional Engineer.</b> I certify that this daily capability volume was determined by me or someone under my supervision and in accordance with generally accepted engineering practices.		
_____ Signature		
_____ Name (print or type)		
_____ Company	(_____) _____ Phone	_____ Texas Registration Number
<input type="checkbox"/> <b>Independent Well Tester.</b> I certify that this daily capability volume was determined by me or someone under my supervision and in accordance with Statewide Rule 28(c), G-10 testing procedures.		
_____ Signature		
_____ Name (print or type)		
_____ Company	(_____) _____ Phone	
<b>OPERATOR CERTIFICATION.</b> I declare under penalties prescribed in Texas Natural Resources Code, §91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge.		<b>RRC USE ONLY</b> Effective Date
_____ Signature		by: date:
_____ Name (print or type)		
_____ Phone	(_____) _____ Date	