FORM

## State of Colorado Energy & Carbon Management Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR ECMC USE ONLY

## **BOTTOM HOLE PRESSURE**

1 FCMC Operator Number:	4. Contact Name and Telephone
ECMC Operator Number:  Name of Operator:	• · · · · · · · · · · · · · · · · · · ·
Name of Operator:      Address:	
City:State: Zip:	
5. API Number:	6. ECMC Lease No.:
7. Well Name:	Well Number:
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	
	me:
11. Federal, Indian or State Lease Number:	12
12. Well Elevation: KB GLfeet	
13 Bottom Hole Pressure: psia at a depth of feet.	
14. Date Measured:	
15. Number of Hours Well Was Shut-In: hours	
16. Method Used to Obtain Bottom Hole Pressure:	
☐ Bottom Hole Pressure Recorder	
Surface Pressure and Fluid Level Measurement Used to Calculate BHP: Casing Pressure: Fluid Level:	
Other Method (Specify):	
17. Formation:	
18. Completed Interval (Net Footage):	
19. Production Rates:	
Gas: mcfd Water:	bpd Date Reported:
20. Flowing Tubing Pressure:psi	
21. Flowing Casing Pressure:psi	
22. Type of Production: Downhole Pump Flowing	☐ Plunger ☐ Gas Lift
☐ Other:	
23. Bottom Hole Temperature (temperature of produced water at well head can be used):	
24. Method of Temperature Measurement:   Bottom Hole Temperature  Produced Water Measurement	
25. Comments:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name:	
Signed: Title:	
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