

**Florida  
Department of  
Environmental Protection**

Form Title: **MONTHLY WELL PRODUCTION AND TEST REPORT**  
 Date Revised: March, 1998  
 Incorporated by Reference in: Section 62C-28.004(1), F.A.C.

**Oil&Gas Form 10**

Operator: \_\_\_\_\_ Operator Field Office Phone: \_\_\_\_\_ County: \_\_\_\_\_ Oil/Gas Field: \_\_\_\_\_ / \_\_\_\_\_  
 Month/Year

WELL DATA				MONTHLY PRODUCTION							MONTHLY PRODUCTION TESTS									
Well Name and Number	Permit Number	Well Status	Days Oper.	Opening Stock	Production	PLR	Closing Stock	+/- Production	Total Water	MCF Gas	Date	Oil (B/D)	Water (B/D)	GOR	Stroke Ft. PSI	SPM Ck. Size	_ API	Dur. Hrs.	BS&W	
Totals																				

File this report with the Florida Department of Environmental Protection, Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400 (phone 850/245-8336), Email: OGP@dep.state.fl.us within 30 days of the report period. Produce wells at capacity or at the daily allowable rate for at least 24 continuous hours preceding test. Report over or under production from allowable in net plus or minus bbls.

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_ and attest that the information contained herein is true and correct.  
 (Name) (Title) (Company)

Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Signature \_\_\_\_\_