Manitoba
Mineral Resources

INITIAL PRODUCTION REPORT

Two (2) copies of this report are to be completed and submitted to the district office within days following the fifth after the well has been placed on normal production.

Well Name:	License Number:
Operating Company:	
Battery Well Produced To (name & locations):	

Completion Interval(s): _____m to _____m _____m to _____m

Open Hole: ☐ Perforated: ☐ Formation: _____

Completion Oil:

Source of Completion Oil (Co. & location):
Volume Supplied: m^3

Date Supplied:* __/__/__
YY MM DD

Date YY MM DD	Completion Oil Used (m^3)	Completion Oil Recovered (m^3)	Completion Oil To Be Recovered (m^3)	Water Produces (m^3)

(Continue on separate sheet if necessary)

Disposition of Recovered Completion Oil: _____m^3 to _____
(Co. & location)

On-Production Date:* __/__/__
YY MM DD

* Official on-production date (i.e. date of first new oil production after completion oil recovered).
* Date in which the well produces oil in excess of the volume of completion oil used.

Production Test:

Date YY MM DD	Hours Produced	Oil Produced m^3	Water Produced m^3	Pumping	Flowing	Gas-Oil Ratio (m^3/m^3)	Oil Density (kg/m^3)
Totals							

_____
(Submitted By) (Position) (Telephone)

Remarks: _____