

COUNTY: _____ FIELD: _____ LOCATION: _____ WELL: _____ COMPANY: _____	COUNTY: _____ STATE: _____ CITY: _____ ADDRESS: _____ PHONE: _____
TEST NO.: _____ DATE: _____ TIME: _____	TESTER: _____ SUPERVISOR: _____ ENGINEER: _____

Run No. _____
 Operating rig time _____
 Logging Truck No. _____
 F.T. Engineer _____
 F.T. Operator _____
 Location _____

EQUIPMENT DATA
 Run No. _____
 RFF No. _____
 RVP No. _____
 RFM No. _____
 RFC No. _____

REMARKS: _____

RECORDED TESTER POSITION Test No. 1-12

