

For NDOM Use Only Entered in Database

By: _____ Date: _____

STATE OF NEVADA
COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
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MEASUREMENT INSPECTION RECORD – GAS

Date: _____ Permit No: _____
Field: _____ API No: _____
Unit: _____ Operator: _____
County/State: _____ Purchaser: _____
Travel Time: _____ Inspection Time: _____

GAS

1. Disposition of Gas:
Sold: Yes No Flared/Vented: Yes No Used on Lease: Yes No
If yes, describe use:
2. Sales meter calibration witnessed: Yes No If yes, attach copy of calibration report and complete only those items in this section not listed in the report.
3. Meter Mfg: _____ Serial No(s): _____
4. Meter Run Size: _____ Orifice Size: _____ Orifice Condition: _____
5. Type of taps: Flange Pipe
Static Pressure Tap: Upstream: _____ Downstream: _____
6. Meter Range: Differential: _____ Static: _____
7. Normal frequency of sales meter calibration (per operator): _____
8. Specific gravity determined: Yes No
9. If gas flared/vented or used on lease, method of measurement:
Meter Pitot Tube
Orifice Well Tester Critical Flow Prover Other _____
10. Method of estimating acceptable: Yes No
Results:
11. Remarks: