Drill Stem Test Report

Well Name: [redacted]
Location: [redacted]
Operator: [redacted]
Report Date: [redacted]

Test Summary

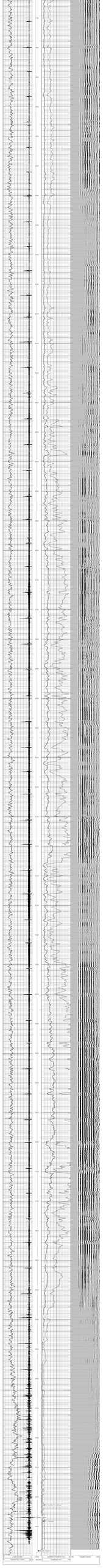
Test No.	Interval (ft)	Type	Duration	Recovery
DST #1	[redacted]	Conventional	[redacted]	[redacted]

Recovery Details

Description	Volume
[redacted]	[redacted]

Pressure Data

Pressure	Value
Initial Hydrostatic	[redacted]
Initial Flow	[redacted]
Final Flow	[redacted]
Initial Shut-In	[redacted]
Final Shut-In	[redacted]
Final Hydrostatic	[redacted]

Remarks

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