



				Company:				
				Lease:				
				Well No.:				
				Field:				
Date:				County:				

Compression Data Sheet

Well Information

Casing Pressure	_____
Average Flowing Tubing Pressure	_____
Line Pressure	_____
Desired Injection if applicable	_____
Production separator on location	_____
Water tank on location	_____
Injection line from separator to well head	_____
Injection meter available	_____

Misc. Information not listed
