

STATE OF KANSAS - CORPORATION COMMISSION

PRODUCTION TEST & GOR REPORT 15-171-20468-00-00 ^{NP}

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 8-29-94

Company McCoy Lease Fever 199 "A" Well No. 5-15

County Scott Location SW Section 18 Township 19S Range 33W Acres 40

Field _____ Reservoir AKC Pipeline Connection Koch

Completion Date 7-29-94 Type Completion (Describe) Single Oil Plug Back T.D. 4668 Packer Set At _____

Production Method: Pumping Type Fluid Production Oil & water API Gravity of Liquid/Oil 25°

Flowing Pumping Gas Lift _____

Casing Size 5 1/2" Weight 155 I.D. _____ Set At 4668 Perforations 4110' To 4114'

Tubing Size 2 7/8" Weight 45 I.D. _____ Set At 4072 Perforations _____ To _____

Pretest: Starting Date _____ Time _____ Ending Date _____ Time _____ Duration Hrs. _____

Test: Starting Date 8-29-94 Time 10:00 Ending Date 8-30-94 Time 10:00 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure _____ Separator Pressure _____ Choke Size _____

Casing: _____ Tubing: _____

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
<u>1.67</u>										
Pretest:										
Test:	<u>200</u>	<u>234031</u>	<u>1</u>	<u>0</u>	<u>2004</u>	<u>2</u>	<u>9</u>	<u>55.11</u>	<u>1.15</u>	<u>35.07</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections _____ Orifice Meter Range _____

Pipe Taps: _____ Flange Taps: _____ Differential: _____ Static Pressure: _____

Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure			Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)			
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: 35.07 Gas/Oil Ratio (GOR) = _____ Cubic Ft. per Bbl. _____

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 30th day of Aug, 1994

For Offset Operator _____ For State _____ For Company _____

RECEIVED STATE CORPORATION COMMISSION SEP 07 1994