

15-077-20580-0000
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial		Annual	Workover	Reclassification	TEST DATE:					
Company				Lease	Well No.					
McCoy Petroleum Corp.		Muir "A"		1						
County	Harper	Location	S/2 SW-NE	Section	10	Township	31	Range	8W	Acres
Field	Spivey-Grabs		Reservoir	Mississippian		Pipeline Connection		Koch-Cities Service		
Completion Date	6-12-80		Type Completion(Describe)	Open hole		Plug Back T.D.	4401 LTD		Packer Set At	
Production Method:			Type Fluid Production			API Gravity of Liquid/Oil				
Flowing	Pumping X	Gas Lift	Oil-Gas-SW							
Casing Size	4 1/2	Weight	10.5	I.D.	Set At	4390	Perforations	To		
Tubing Size	2-3/8	Weight	4.7	I.D.	Set At	4377'	Perforations	To		

Pretest:				Duration Hrs.					
Starting Date	Time	Ending Date	Time						
Test:				Duration Hrs.					
Starting Date	10-1-89	Time	8:00	Ending Date	10-2-89	Time	8:00	Duration Hrs.	24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	50	Tubing:	50	45						
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	200		7	1	141.95	7	2	143.62	15.01	1.67
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-In. Water	Tester Pressure In. Merc.	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	1/2			25	3.00	60
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (5)

Coeff. MCFD (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)
1.214		8.66	1.240	1.000	1.000	

Gas Prod. MCFD: 13,036 Oil Prod. Bbls./Day: 1.67 Gas/Oil Ratio (GOR) = 7805 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 2 day of October 1989

For Offset Operator

For State

For Company

Doyle Maly