

15-877-20580-0000
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: <u>Initial</u> Annual Workover Reclassification		TEST DATE:	
Company	Lease	Well No.	
McCoy Petroleum Corporation	Muir "A"	1	
County	Location	Section	Township Range Acres
Harper	S/2 SW SE	10	31S 8W
Field	Reservoir	Pipeline Connection	
Spivey-Grabs	Mississippian	Koch - Cities Service	
Completion Date	Type Completion (Describe)	Plug Back T.D.	Packer Set At
6-12-80	Open Hole - Perforations	4401' RTD	
Production Method:	Type Fluid Production	API Gravity of Liquid/Oil	
Flowing Pumping X Gas Lift	Oil-Gas-SW		
Casing Size	Weight I.D.	Set At	Perforations To
4-1/2"	10.5#	4390'	4385-4393'
Tubing Size	Weight I.D.	Set At	Perforations To
2-3/8"	4.7#	4379'	

Pretest:		Duration Hrs.	
Starting Date	Time	Ending Date	Time
Test:			Duration Hrs.
Starting Date	Time	Ending Date	Time
9-3-92	9:00	9-4-92	9:00
			24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size					
Casing:	50	Tubing:	50	40 Open					
Bbls./In.	Tank	Starting Gauge		Ending Gauge		Net Prod. Bbls.			
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	2	1	41.75	2	2	43.42		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-Tester Pressure		Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter	3	3/8			30	6.1	.650	60
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)
.6848		13.32	1.240	1.0	1.0	1.0

Gas Prod. MCFD	Oil Prod. Bbls./Day:	Gas/Oil Ratio (GOR) =	Cubic Ft. per Bbl.
Flow Rate (R): 11.48	1.67	6.87	

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 4 day of Sept. 19 92

For Offset Operator

For State

For Company

NOV 6 1992
 11-6-92
 CONSERVATION DIVISION