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

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Form C-5 Revised Conservation Division Reclassification Workover TEST DATE: TYPE TEST: Initial Annual Well No. Lease Company McCoy Petroleum Corporation Muir "A" 1 Location Section Township Range Acres County Harper S/2 SW SE 10 31S Reservoir Pipeline Connection Field Spivey-Grabs Mississippian Koch - Cities Service Type Completion(Describe) Plug Back T.D. Packer Set At Completion Date 6-12-80 Open Hole - Perforations 4401' RTD Type Fluid Production API Gravity of Liquid/Oil Production Method: Pumping X Gas Lift Oil-Gas-SW Flowing P Casing Size I.D. Set At Perforations To Weight 4-1/2" 4385-43931 10.5# 43901 I.D. Set At Perforations To Weight Tubing Size 2-3/8" 4.7# 4379' Duration Hrs. Pretest: Time Time Ending Date Starting Date Duration Hrs. Test: Starting Date 10-1-94 10-2-94 Time 8:00 8:00 Ending Date Time OIL PRODUCTION OBSERVED DATA Separator Pressure Choke Size Producing Wellhead Pressure Tubing: Casing: 50# 50# 35# Open Tank Starting Gauge Ending Gauge Net Prod. Bbls. Bbls./In. Size Number Feet Inches Barrels Feet Inches Barrels Water 011 Pretest: 200 1 3 25.05 4 26.72 1 1.67 Test: Test: GAS PRODUCTION OBSERVED DATA Orifice Meter Connections Orifice Meter Range Pipe Taps: Flange Taps: Differential: Static Pressure: Meter-Prover-Tester Pressure | Diff. Press. Gravity | Flowing | In.Water | In.Merc. | Psig or (Pd) (hw) or (hd) | Gas (Gg) | Temp. (t) Run-Prover- Orifice Meter-Prover-Tester Pressure Measuring Tester Size Size Device Orifice 3 3/8 28 5.0 .650 60 Meter Critical Flow Prover Orifice Well Tester GAS FLOW RATE CALCULATIONS (R) Coeff. MCFD Meter-Prover Extension Flowing Temp. Gravity Deviation Chart (Fb)(Fp)(OWTC) Press.(Psia)(Pm) Vhw x Pm Factor (Fg) Factor (Ft) Factor (Fpv) Factor(Fd) .6848 11.83 1.0 1.240 1.0 1.0 Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft. Flow Rate (R): 10,045 Bbls./Day: 1.67 (GOR) = 6,015 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 19 94 For Offset Operator For State Company