

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

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company McCoy Petroleum Corporation Lease Muir "A" Well No. 1

County Harper Location S/2 SW SE Section 10 Township 31S Range 8W Acres

Field Spivey-Grabs Reservoir Mississippian Pipeline Connection Koch - Cities Service

Completion Date 6-12-80 Type Completion(Describe) Open Hole - Perforations Plug Back T.D. 4401' RTD 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 Perforations To 4385-4393'

Tubing Size 2-3/8" Weight 4.7# I.D. Set At Perforations To 4379'

Pretest: Starting Date 8-1-96 Time 8:00 AM Ending Date 8-2-96 Time 8:00 AM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:	55#	Tubing:	55#	35#		Open			
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	3	0	60.12	3	1	61.79		1.67
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range						
Pipe Taps:	Flange Taps:	Orifice	Meter-Prover-Tester Pressure			Differential:		Static Pressure:	
Measuring Device	Run-Prover-Tester Size	Orifice Size	In.Water	In.Merc.	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)	
Orifice Meter	3	3/8			30	5.0	.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		12.24	1.240	1.0	1.0	1.0

Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft. Flow Rate (R): 10,394 Bbls./Day: 1.67 (GOR) = 6,223 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 August 19 96

For Offset Operator For State For Company

10-10-96
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 RECEIVED

[Signature]
 For Company