

15-677-20495-0000
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company McCoy Petroleum Corp Lease Williams B Well No. 3

County Harper Location NW SW SE Section 22 Township 31S Range 8W Acres

Field Spivey Reservoir Miss Pipeline Connection Koch

Completion Date 11-1-78 Type Completion (Describe) Perfs Plug Back T.D. 4421' Packer Set At

Production Method: Type Fluid Production Oil Gas SW API Gravity of Liquid/Oil 35°

Flowing Pumping Gas Lift

Casing Size 4 1/2 Weight 10.5 I.D. 4422.5 Set At Perforations 4411' to 4417' To

Tubing Size 2 3/8 Weight 4.7 I.D. Set At Perforations To

Pretest: Starting Date 5-13-85 Time 8:00 Ending Date 5-14-85 Time 8:00 Duration Hrs. 74

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
Pretest:									
Test:	<u>700</u>	<u>4</u>	<u>-</u>	<u>80.16</u>	<u>4</u>	<u>2</u>	<u>83.50</u>	<u>188</u>	<u>3.34</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 In. Water	Tester Pressure In. Merc.	Pressure (Psig or (Pd))	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	<u>1/2</u>				<u>87.14.65</u>	<u>1.00</u>	<u>.650</u>	<u>60</u>
Critical Flow Prover					<u>(27.65)</u>			
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)
<u>1.214</u>		<u>4.76</u>	<u>1.240</u>	<u>1.000</u>	<u>1.000</u>	

Gas Prod. MCFD Flow Rate (R): 7.166 Oil Prod. Bbls./Day: 3.34 Gas/Oil Ratio (GOR) = 2.145 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 14 day of May 1985

For Offset Operator

For State

For Company

JUL 25 1985
 7-25-85