

Conservation Division

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:
 Company: McCoy Petroleum Corporation Lease: Ritter "E" Well No.: 1
 County: Harper Location: NW NE NW Section: 11 Township: 34S Range: 8W Acres:
 Field: Wharton Pool Reservoir: Mississippian Pipeline Connection: Koch - Peoples
 Completion Date: 10-29-84 Type Completion(Describe): Perforations Plug Back T.D.: 4725' Packer Set At:
 Production Method: Type Fluid Production: Oil-Gas-SW API Gravity of Liquid/Oil:
 Flowing Pumping X Gas Lift
 Casing Size: 4-1/2" Weight: 10.5# I.D.: Set At Perforations: 4690-4698' To: 4674-4686'
 Tubing Size: 2-3/8" Weight: 4.7# I.D.: Set At Perforations: 4717' To:

Retest: Starting Date: 7-3-93 Time: 8:00 Ending Date: 7-4-93 Time: 8:00 Duration Hrs.: 24
 Test: Starting Date: 7-3-93 Time: 8:00 Ending Date: 7-4-93 Time: 8:00 Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size					
Casing:	113#	Tubing:	113#		100#				
					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	7	71.81	3	9	75.15		3.34
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	1/2			70	3	.650	60
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press.(Psla)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
1.214		14.49	1.240	1.000	1.000	1.000

Gas Prod. MCFD: 21.812 Oil Prod. Bbls./Day: 3.34 Gas/Oil Ratio (GOR) = 6.530 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 4 day of July 1993

For Offset Operator

For State

[Signature]
 Per Company