

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company McKay Petroleum Corporation Lease Patrol Well No. 1

County Hwy Location McNEIL Section 11 Township 3A Range 8W Acres

Field Wharton Pool Reservoir Miss Pipeline Connection Hook People

Completion Date 10-23-84 Type Completion (Describe) 4690-98 4674-86 Plug Back T.D. 4725 Packer Set At

Production Method: Flowing Type Fluid Production Oil - Gas - Sol API Gravity of Liquid/Oil

Flowing  Pumping  Gas Lift  Casing Size 4 1/2 Weight 105 I.D. 4 1/4 Set At 4690-98 Perforations 4674-86 To

Tubing Size 3 1/8 Weight 47 I.D. 4 7/8 Set At Perforations To

Pretest: Starting Date 10-15-88 Time 9:00 Ending Date 10-16-88 Time 8:00 Duration Hrs. 74

Test: Starting Date 10-15-88 Time 9:00 Ending Date 10-16-88 Time 8:00 Duration Hrs. 74

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure 110 Separator Pressure 105 Choke Size Open

Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	<u>200</u>		<u>4</u>	<u>-</u>	<u>80 1/2</u>	<u>4</u>	<u>3</u>	<u>85.17</u>		<u>501</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections 3 Orifice Meter Range 105

Pipe Taps: 3 Flange Taps: 1/2 Differential: 105 Static Pressure: 3

Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure			Diff. Press. (hw) or (hd)	Gravity Gas (Gr)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (Pd)			
Orifice Meter	<u>3</u>	<u>1/2</u>			<u>105</u>	<u>3</u>	<u>680</u>	<u>60</u>
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
<u>1.714</u>		<u>1775</u>	<u>1.240</u>	<u>2000</u>	<u>1.000</u>	

Gas Prod. MCFD 76770 Oil Prod. Bbls./Day: 501 Gas/Oil Ratio (GOR) = 5.333 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 16 day of October 1988

For Offset Operator \_\_\_\_\_ For State \_\_\_\_\_ For Company David J. Harmon