

15-077-21038-0000

PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

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 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: 4748' To: 4690-4698' 4674-4686'

Tubing Size: 2-3/8" Weight: 4.7# I.D.: Set At Perforations: 4717' To:

Pretest: Starting Date: 9-15-96 Time: 8:00 AM Ending Date: 9-16-96 Time: 8:00 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:	120#	Tubing:	120#		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		4	1	81.83	4	3-1/2	86.01		4.18
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 In. Water	Pressure In. Merc.	Paig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	1/2			45	.2	.650	60
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psa)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
1.214		3.00	1.240	1.0	1.0	1.0

Gas Prod. MCFD Flow Rate (R): 4,516 Oil Prod. Bbls./Day: 4.18 Gas/Oil Ratio (GOR) - 1,080 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 Sept 19 96

For Offset Operator: [Signature] For State: [Signature] For Company: [Signature]

RECEIVED KANSAS CORP COMM 10-16-96