

15-077-21996-0000

PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

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

County Harper Location C NW NW Section 11 Township 34S Range 8W Acres

Field Wharton Pool Reservoir Mississippian Pipeline Connection Koch - Peoples

Completion Date 11-12-85 Type Completion(Describe) Perforations Plug Back T.D. 4667' Packer Set At

Production Method: Type Fluid Production API Gravity of Liquid/Oil

Flowing	Pumping	X Gas Lift	Oil-Gas-SW			
Casing Size	Weight	I.D.	Set At	Perforations	To	
5-1/2"	14#		4773'	4643' (1) 4674' (2)	4679' (2)	
Tubing Size	Weight	I.D.	Set At	Perforations	To	
2-7/8"	6.4#		4660'	4689' (2) 4695' (1)	4699' (1)	

Pretest:		Starting Date		Time	Ending Date	Time	Duration Hrs.
		7-31-92	Time	7:30	8-1-92	Time	7:30
							24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing:	Tubing:								
120	120	100			Open				
Obls./In.	Tank	Starting Gauge			Ending Gauge		Net Prod. Bbls.		
Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	1	0	20.04	1	1-3/4	22.96		2.92
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	Size	In.Water	In.Merc.	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter	3	1/2			95	.5	.650	60
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press.(Pbia)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
1.214		6.89	1.240	1.0	1.0	1.0
Gas Prod. MCFD	Oil Prod. Bbls./Day:	Gas/Oil Ratio (GOR) =		Cubic Ft. per Bbl.		
Flow Rate (R): 10.37		2.92		3.55		

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 1 day of Aug 19 92

For Offset Operator

For State

For Company

RECEIVED
STATE OPERATIONS COMMISSION
NOV 6 1992
11-6-92
KANSAS