

15-189-21446-00-00

RP

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE:

Company Lease Well No.
 McCoy Petroleum Corp Lahey 4-24

County Location Section Township Range Acres
 Stevens C-NW-NW 24 31 35

Field Reservoir Pipeline Connection
 Lahey Marmonten

Completion Date Type Completion (Describe) Plug Back T.D. Packer Set At
 10-27-1990 Single 4870 : R.C.B.P.

Production Method: Type Fluid Production API Gravity of Liquid/Oil
 Flowing (Pumping) Gas Lift Oil 40

Casing Size Weight I.D. Set At Perforations To
 5 1/2 15.5 5797 4772 4780

Tubing Size Weight I.D. Set At Perforations To
 2 7/8 6.4 4856

Pretest: Duration Hrs.
 Starting Date 11-18-90 Time 2:50 P.M. Ending Date 11-19-90 Time 2:50 P.M. 24

Test: Duration Hrs.
 Starting Date 11-19-90 Time 2:50 P.M. Ending Date 11-20-90 Time 2:50 P.M. 24

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:	200 2	5	1	101.87	7	10 1/2	157.81		5594
Test:	200 4	2	10	56.78	5	6 3/4	111.47		54.69
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			gas measured by Total flow meter					
Critical Flow Prover			to mobil					
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)

Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft.
 Flow Rate (R): 43 Bbls./Day: 5469 (GOR) = 786 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 20th day of Nov. 1990

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

NOV 26 1990
 11:26:40
 STATE OF KANSAS
 CORPORATION COMMISSION