

Conservation Division

PRODUCTION TEST & GOR REPORT

Form C-5 Revised

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company McCoy Petroleum Corporation Lease Beardmore "B" Well No. 1

County Sedgwick Location SW-NE-NE Section 27 Township 29S Range 4W Acres

Field Reservoir Pipeline Connection Kansas City Koch

Completion Date 6-12-88 Type Completion(Describe) Perforations Plug Back T.D. 3559' Packer Set At

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

Flowing Pumping X Gas Lift Casing Size Weight I.D. Set At Perforations To

4-1/2" 10.5# 3595' 3358-3365'

Tubing Size Weight I.D. Set At Perforations To 2-3/8" 3414'

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date Time Ending Date Time Duration Hrs.

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:									
Test:									
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. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover					Sold the lease		
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (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)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls./Day: Gas/Oil Ratio (GOR) - 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 _____ day of _____ 19__

For Offset Operator _____ For State _____ For Company _____

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