

PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: Initial		Annual	Workover	Reclassification	TEST DATE:	
Company	McCoy Petroleum Corp.			Lease	Dunlap "A"	Well No. #1-11
County	Stevens	Location	C NW SE	Section	11	Township Range Acres
					31S 35W	
Field	Southwest Cutter	Reservoir	Chester Sand	Pipeline Connection Petro Source		
Completion Date	10-08-90	Type Completion(Describe)	Perforations	Plug Back T.D.	5855'	Packer Set At
Production Method:	Flowing Pumping X Gas Lift		Type Fluid Production	API Gravity of Liquid/Oil		
Casing Size	5-1/2"	Weight	15.5#	I.D.	Set At	Perforations To
					5898'	5644-5660'
Tubing Size	2-7/8"	Weight	6.4#	I.D.	Set At	Perforations To
					5716'	
Pretest:						Duration Hrs.
Starting Date		Time		Ending Date		Time
Test:						Duration Hrs.
Starting Date	10-1-97	Time	8:00 AM	Ending Date	10-2-97	Time 8:00
						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:								
Test:	250	22032	W E L L	T E S T				1.00 10.03
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 Pressure	Diff. Press.	Gravity	Flowing	
			In.Water In.Merc. Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)	
Orifice Meter							
Critical Flow Prover				NO GAS			
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Goeff. MCFD (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. Bbls./Day:	10.03	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 2 day of October 19 97

RECEIVED  
KANSAS CORPORATION COMMISSION

*[Signature]*  
For State

*[Signature]*  
For Company

For Offset Operator

NOV 19 1997

11-19-97