

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company Lease Well No.

McCoy Petroleum Corporation Bolinger "A" 1

County Location Section Township Range Acres

Kingman SW SW NE 21 28S 5W

Field Reservoir Pipeline Connection

Broadway Mississippian Peoples-Permian

Completion Date Type Completion(Describe) Plug Back T.D. Packer Set At

12-7-50 Open Hole 3836'

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# 3807' 3807-3836'

Tubing Size Weight I.D. Set At Perforations To

2-3/8" 4.6# 3834'

Pretest: Duration Hrs.

Starting Date Time Ending Date Time

Test: Duration Hrs.

Starting Date 12-28-90 Time 8:00 Ending Date 12-29-90 Time 8:00 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:	50	Tubing:	50	30		Open			
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	250	3	0	60.12	3	1	61.79		1.67
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			Rotary Meter				
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension /hw x 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): 6.500 Bbls./Day: 1.67 (GOR) - 3892 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 29 day of December 1990

For Offset Operator For State For Company

FEB 27 1991

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: McCoy Petroleum Corporation Lease: Bolinger "A" Well No.: 1

County: Kingman Location: SW-SW-NE Section: 21 Township: 28S Range: 5W Acres:

Field: Broadway Reservoir: Mississippian Pipeline Connection: Peoples-Permian

Completion Date: 12-7-50 Type Completion(Describe): Open Hole Plug Back T.D.: 3836' Packer Set At:

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

Flowing Pumping X Gas Lift Oil-Gas-SW

Casing Size: 5-1/2" Weight: 14# I.D.: Set At Perforations: To 3807' 3807-3836' Open Hole

Tubing Size: 2-3/8" Weight: 4.6# I.D.: Set At Perforations: To 3831'

Retest:

Starting Date	Time	Ending Date	Time	Duration Hrs.
10-2-91	8:00	10-3-91	8:00	24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure		Choke Size						
Casing:	50	Tubing:	50	Open						
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	250		4	0	80.16	4	1	81.83		1.67
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. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter			In.Water	In.Merc.	Psig or (Pd)		
Critical Flow Prover					Rotary Meter		
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coef. (Fb)(Fp)(CwTC)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
		$\sqrt{hw \times Pm}$				
Gas Prod. MCFD Flow Rate (R):	6.500		Oil Prod. Bbls./Day: 1.67	Gas/Oil Ratio (GOR) - 3.892		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 3 day of October 19 91

For Offset Operator: _____ For State: RECEIVED For Company: *Jerry O. Dye*
STATE CORPORATION COMMISSION

OCT 24 1991

TYPE TEST: Initial Annual Workover Reclassification TEST DATE:

Company: McCoy Petroleum Corporation Lease: Bolinger "A" Well No. 1

County: Kingman Location: SW-SW-NE Section: 21 Township: 28S Range: 5W Acres:

Field: Broadway Reservoir: Mississippian Pipeline Connection: Peoples-Permian

Completion Date: 12-7-50 Type Completion(Describe): Open Hole Plug Back T.D.: 3836' Packer Set At:

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

Flowing Pumping X Gas Lift Oil-Gas-SW

Casing Size: 5-1/2" Weight: 14# I.D.: Set At: 3807' Perforations: 3807-3836' Open Hole To:

Tubing Size: 2-3/8" Weight: 4.6# I.D.: Set At: 3831' Perforations: To:

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 Size	Number	Starting Gauge Feet	Inches	Barrels	Ending Gauge Feet	Inches	Barrels	Net Prod. Bbls. 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 In. Water	Tester Pressure In. Merc.	Tester Pressure Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter								
Critical Flow Prover								
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 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

RECEIVED COMMISSION NOV 19 1992