Instructions on Back

Category (Check One)

OKLAHOMA CORPORATION COMMISSION

Form 1029A Rev. 2000

Oil & Gas Conservation Division Post Office Box 52000-2000 Oklahoma City, Oklahoma 73152-2000

X Initial Annual

Retest	t npletion				Production o	r Potential Te	est					
ivecon					OAO II	33.10-13-3						
Operator XTO En	ergy Inc.	type or print using bi	ack ink.	 					· .	Operator N 21003	o.	
Address		Suite 2350								Phone No. 405-232	-4011	
^{City} Oklahon	na City			State Oklahom	na	Zip 7310)2			FAX No. 405-236	-0995	
	ted Oil Well (ced Recover	field rules) y Unit Order No.			cated per well (spaced ntal Order No.	() 			cated per lea	ase (unspace der No.	ed)	
Well Name				<u>-</u>			Unit No. 20955			API No. 019-256	69	
	cation within	Sec.		 	Sec.	Twp.	20000	Rge.		County		
990 FNL	. & 310 F\	VL			12	·	3S	•	2E	Carter		
	cation within				Sec.	Twp.		Rge.		County		
2315 FN	IL & 50 FE	EL			12		38		2E	Carter		17 N
Test		-							* * *	24 Hr. Prod	l	Gravity
		Gas-Oil Ratio			Date	Time		Oil	577		Bbls	42
Present		7679	- .	Start	4/7/2013	6:00 AN	/	Gas	4431		cf	0.81
Initial				End	4/8 2013	6:00: AM	И	Water	1651		Bbls	
Pool Name Producing Woodfol Date 1st P Oil Purcha	formation(s) rd rod. 3/28/20	No. w	ells on leas	e (list on rever	se)		\$5-1688 duction n	37' netered toge	ther?	yes OTC No.	no	x
Vitol Gas Measi Cross Ti	_{urer} imbers En	ergy Services								OTC No.	22580 16512	
Load oil	yes	X no amount			bbls					, , , , , , , , , , , , , , , , , , ,		
	208140	size	640	Increased I	Density Order No. 59390				on Exception	Order No. 5941	13	
Commingli	ng Order No	N/A			Mult	ple Zone Con	npletion (Order No.	N/A			
Horizontal												
Unit Acre S 640	Size	True Verti 11,673'	cal Depth		Horizontal Compone 5091	nt	ft.			Ft. of Latera 4642'	al	``
(A) Pip	е Тар	(B) Orifice	Tester		(C) Size Tester							
Choke sz 48/64"		Tubing sz 2 3/8"		asing sz	Gas Met EFM	er Type		Size Run (/ 4.034"	A)	Diff	erential (A)	
Size Plate	(A,C)			24-H. Coeff					re (lbs, H ₂ O	Hg) (B,C)		

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OKLA. CORP. COMM PRODUCTION/PRORATION DEPT.

		LOCATION	FORMATION	DATE OF	24-HR P(OTENTIAL
API NO.	WELL NAME/NO.	SEC-TWP-RGE	NAME	1ST PROD.	OIL BBLS	GAS MCF
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			TOTAL 24-HR LEAS	EPUIENTIAL	L	<u> </u>
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Signature of Corporations Signature of DISC NSTRUCTIONS Use a separate for the separate of t	oration Commission Representative OVERY TEST OFFSET OPERATOR form for each well unless testing an unallocated	Conditions of lease or EOR unit.	e & Title (Typed or Printed	i)	ion.	

- 4 Effective date of test is the completion date; late-filed tests are effective the first day following the month the test is accepted by the division; no allowable shall be assigned to the well until the Form 1002A and logs have been accepted by the division.
- 5 Allowable shall be the rate indicated on the Allocated or Discovery Well Allowables Tables, whichever is appropriate, or by special field rules.
- 6 Discovery initial tests must be witnessed by a representative of any offset operator in the pool and a representative of the division, unless waived.
- 7 Operator chooses between a lease or well allowable if the formation is unspaced. A lease allowable is the shallowest 10-acre allowable from the allowable table for each well; a well allowable uses 10-acre spacing from the allowable table.
- 8 Falsification of reports is subject to penalty, O.S.L. 1933.