

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

Production or Potential Test

OAC 165:10-13-3

Please type or print using black ink.

Operator XTO Energy Inc.			Operator No. 21003
Address 210 Park Avenue, Suite 2350			Phone No. 405-232-4011
City Oklahoma City	State Oklahoma	Zip 73102	FAX No. 405-236-0995

- Allocated Oil Well (field rules)
 Unallocated per well (spaced)
 Unallocated per lease (unspaced)
 Enhanced Recovery Unit Order No. _____
 Horizontal Order No. _____
 Discovery Well Order No. _____

Well Name/No. Ardmore Airport 2-18H	Prod. Unit No. 019-211489	API No. 019-25850
Surface Location within Sec. 530' FSL & 1450' FEL	Sec. 18	Twp. 3S
		Rge. 3E
County Carter		
Bottom Location within Sec. 50' FNL & 2426' FWL	Sec. 18	Twp. 3S
		Rge. 3E
		County Carter

Test	Gas-Oil Ratio	Date	Time	24 Hr. Prod.		Gravity
Present	6885	Start	10/31/2013	6:00 AM	Oil	434
Initial		End	11/1/2013	6:00 AM	Gas	2988
					Water	944

Pool Name/No.	Perfs 12652-17406'
Producing formation(s) Woodford	
Date 1st Prod. 10/15/2013	No. wells on lease (list on reverse)
	Is production metered together? yes no X
Oil Purchaser Vitol	OTC No. 22580
Gas Measurer Cross Timbers Energy Services	OTC No. 16512

Load oil yes no amount _____ bbls

Spacing Order No. 559902	size 640	Increased Density Order No. 606920	Location Exception Order No. 607844, 608069
Commingling Order No. N/A		Multiple Zone Completion Order No. N/A	

Horizontal			
Unit Acre Size 640	True Vertical Depth 11,538'	Horizontal Component 4704'	Ft. of Lateral 4754'

- (A) Pipe Tap
 (B) Orifice Tester
 (C) Size Tester _____

Choke sz 32/64"	Tubing sz 2 3/8"	Casing sz 5 1/2"	Gas Meter Type EFM	Size Run (A) 4.030"	Differential (A)
Size Plate (A,C) 2.5"		24-H. Coeff (B,C)		Pressure (lbs, H ₂ O, Hg) (B,C)	

UNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

API NO.	WELL NAME/NO.	LOCATION SEC-TWP-RGE	FORMATION NAME	DATE OF 1ST PROD.	24-HR POTENTIAL	
					OIL BBLs	GAS MCF
ATTACH ADDITIONAL PAGE IF NECESSARY.					TOTAL 24-HR LEASE POTENTIAL	

I declare that I have knowledge of the contents of this report with the date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

Debbie Waggoner
Signature of Operator's Representative

Debbie Waggoner, Regulatory Analyst
Name & Title (Typed or Printed)

Signature of Corporation Commission Representative

Name & Title (Typed or Printed)

Signature of DISCOVERY TEST OFFSET OPERATOR

Company Name

INSTRUCTIONS

- 1 Use a separate form for each well unless testing an unallocated lease or EOR unit.
- 2 Testing time shall be not less than 6 hours or more than 24 hours.
- 3 Test shall be submitted within 30 days after completion. No allowable shall be assigned to the well until this form has been accepted by the division.
- 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.