

Oil & Gas Conservation Division

Post Office Box 52000-2000

Oklahoma City, Oklahoma 73152-2000

Category (Check One)

- ☒ Initial
☐ Annual
☐ Retest
☐ Recompletion

Production or Potential Test

OAC 165:10-13-3

Please type or print using black ink.

Operator Stephens Production Company			Operator Number 23030 - 0
Address 623 Garrison Avenue			Phone Number 479-783-4191
City Fort Smith	State AR	Zip 72902	Fax Number 479-424-1190

☐ 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 & Number Jones # 1-8-5H	Production Unit No. 083-21230600	API Number 083 - 24189 A
Surface Location within Section SW NE NE NE	Sec. 8 Twp. 16N Rge. 4W	County Logan
Bottom Location within Section NW NE NW NE	Sec. 5 Twp. 16N Rge. 4W	County Logan

Test

Gas-Oil Ratio		Date	Time	24 Hr. Prod.		Gravity
Present	2407	Start	01/08/14	8:00 AM	Oil	519 Bbls
Initial		End	01/09/14	8:00 AM	Gas	1249000 cu. ft.
					Water	1337 Bbls

Pool Name and Number -	Perfs 7295 - 11,665'
Producing formation(s) Hunton	
Date of 1st Production 01/04/14	Number of wells on lease (list on reverse) 1
Is production metered together? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Oil Purchaser Shell Trading US Company	OTC Number 21226
Gas Measurer Superior Pipeline Company LLC	OTC Number 21694

Load oil ☐ yes ☐ no amount _____ bbls

Spacing Order No. 616222	Size 640	Increased Density Order Number -	Location Exception Order Number 616498
Commingling Order Number -	Multiple Zone Completion Order Number -		

Horizontal

Unit Acre Size 640	True Vertical Depth 6747'	Horizontal Component 11,773' feet	Feet of Lateral 4428'
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☐ (A) Pipe Tap
 ☐ (B) Orifice Tester
 ☐ (C) Size Tester _____

Choke size	Tubing size	Casing size	Gas Meter Type	Size Run (A)	Differential (A)
Size Plate (A,C)	24-H. Coeff (B,C)		Pressure (lbs, H ₂ O, Hg) (B,C)		

(over)

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OKLA. CORP. COMM
PRODUCTION/PRORATION DEPT.

API NO.	WELL NAME and NUMBER	LOCATION Section-Township-Range	FORMATION NAME	DATE OF 1st PRODUCTION	24-HR POTENTIAL	
					OIL (BBLs)	GAS (MCF)
ATTACH ADDITIONAL PAGE IF NECESSARY.						
TOTAL 24-HR LEASE POTENTIAL						

Junifer Chen
Signature of Operator's Representative

Signature of Corporation Commission Representative

Name & Title (Typed or Printed)

Signature of DISCOVERY TEST OFFSET OPERATOR

Company Name _____

- 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.