

## 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
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 Gregory # 1-10-3H	Production Unit No. 083-212505	API Number 083-24187
Surface Location within Section NE NE NE NW	Sec. 10 Twp. 17N Rge. 4W	County Logan
Bottom Location within Section NW NE NE NW	Sec. 3 Twp. 17N Rge. 4W	County Logan

## Test

Gas-Oil Ratio		Date	Time	24 Hr. Prod.		Gravity
Present	798	Start	01/28/14 8:00 AM	Oil	851 Bbls	
Initial		End	01/29/14 8:00 AM	Gas	679,000 cu. ft.	
				Water	932 Bbls	

Pool Name and Number -	Perfs 6143 - 11,100
Producing formation(s) Mississippian	
Date of 1st Production 01/17/14	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 P V R Cherokee Gas Processing LLC	OTC Number 19953

Load oil ☐ yes ☐ no amount \_\_\_\_\_ bbls

Spacing Order No. 616388	Size 640	Increased Density Order Number -	Location Exception Order Number 616660
Commingling Order Number -	Multiple Zone Completion Order Number -		

## Horizontal

Unit Acre Size 640	True Vertical Depth 5849'	Horizontal Component 11,205' feet	Feet of Lateral 5476'
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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. per sq. in.) (B,C)		

(over)

FEB 03 2014

 OKLA. CORP. COMM  
 PRODUCTION/PRORATION DEPT.

## UNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

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						

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.

Jennifer Chen  
Signature of Operator's Representative

Jennifer Chen, 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.