

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

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

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 Gary Hopfer # 1-35H	Production Unit No. 083-2128110	API Number 083-24231
Surface Location within Section N/2 N/2 NW NW	Sec. 35 Twp. 18N Rge. 3W	County Logan
Bottom Location within Section SW SE SW SW	Sec. 35 Twp. 18N Rge. 3W	County Logan

Test

	Gas-Oil Ratio	Date	Time	24 Hr. Prod.		Gravity
				Oil	Bbls	
Present		Start	03/12/14	Gas	cu. ft.	
Initial	-	End	03/13/14	Water	2447 Bbls	

Pool Name and Number -	Perfs 5629 - 10,490
Producing formation(s) Mississippian	
Date of 1st Production 03/12/14	Number of wells on lease (list on reverse) 1
Is production metered together? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Oil Purchaser JP Energy Marketing LLC	OTC Number 22565
Gas Measurer P V R Cherokee Gas Processing LLC	OTC Number 19953

Load oil yes no amount _____ bbls

Spacing Order No. 616401	Size 640	Increased Density Order Number -	Location Exception Order Number 616744
Commingling Order Number -		Multiple Zone Completion Order Number -	

Horizontal

Unit Acre Size 640	True Vertical Depth 5695'	Horizontal Component 10,595' feet	Feet of Lateral 5043'
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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)	

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(over)

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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)
TOTAL 24-HR LEASE POTENTIAL						

ATTACH ADDITIONAL PAGE IF NECESSARY.

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.