

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. Wiggins 3-12H	Prod. Unit No. 019-212714			API No. 019-25900
Surface Location within Sec. 456' FSL & 589' FEL	Sec. 12	Twp. 4S	Rge. 3E	County Carter
Bottom Location within Sec. 104' FNL & 988' FEL	Sec. 12	Twp. 4S	Rge. 3E	County Carter

Test

	Gas-Oil Ratio	Date	Time	24 Hr. Prod.		Gravity	
				Oil	Bbls		
Present	5495: 1	Start	3/9/2014	6:00 AM	Gas	2264 cf	.9071
Initial		End	3/10/2014	6:00 AM	Water	1337 Bbls	

Pool Name/No.	Perfs 12413-17400'		
Producing formation(s) Woodford			
Date 1st Prod. 3/1/2014	No. wells on lease (list on reverse)	Is production metered together?	
Oil Purchaser Chevron	OTC No. 00913	yes	no X
Gas Measurer Cross Timbers Energy Services	OTC No. 16512		

Load oil yes no amount _____ bbls

Spacing Order No. 262751	size 640	Increased Density Order No. 606126	Location Exception Order No. 612464
Commingling Order No. N/A	Multiple Zone Completion Order No. N/A		

Horizontal

Unit Acre Size 640	True Vertical Depth 10903'	Horizontal Component 4728 ft.	Ft. of Lateral 4987
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- (A) Pipe Tap
- (B) Orifice Tester
- (C) Size Tester _____

Choke sz 2 5/64"	Tubing sz 2 3/8"	Casing sz 5 1/2"	Gas Meter Type EFM	Size Run (A) 4.026	Differential (A)
Size Plate (A,C) 2.5"		24-H. Coeff (B,C)		Pressure (lbs, H ₂ O, Hg) (B,C)	

over

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OKLA. CORP. COMM
PRODUCTION/PRORATION DEPT.

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.