

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. Hartgraves 4-1H | | Prod. Unit No. 019-212908 | | API No. 019-25925 | |
| Surface Location within Sec. 135' FSL & 396' FEL | | Sec. 1 | Twp. 4S | Rge. 3E | County Carter |
| Bottom Location within Sec. 76' FNL & 1837' FEL | | Sec. 1 | Twp. 4S | Rge. 3E | County Carter |

| Test | Gas-Oil Ratio | Date | Time | 24 Hr. Prod. | | Gravity |
|---------|----------------|-------|------------------|----------------|-------------|--------------|
| | | | | Oil | Bbls | |
| Present | 2402: 1 | Start | 3/18/2014 | 6:00 AM | 533 | 45 |
| Initial | | End | 3/19/2014 | 6:00 AM | 1280 | 0.862 |
| | | | | | 689 | Bbls |

| | | | |
|--|--------------------------------------|---|--|
| Pool Name/No. | | Perfs 11160-15870' | |
| Producing formation(s) Woodford | | | |
| Date 1st Prod. 3/10/2014 | No. wells on lease (list on reverse) | Is production metered together? yes no X | |
| Oil Purchaser Chevron | | OTC No. 00913 | |
| Gas Measurer Cross Timbers Energy Services | | OTC No. 16512 | |

Load oil yes no amount _____ bbls

| | | | |
|-------------------------------------|--------------------|--|---|
| Spacing Order No. 142014 | size 640 | Increased Density Order No. 612457 | Location Exception Order No. 612459 |
| Commingling Order No. N/A | | Multiple Zone Completion Order No. N/A | |

| | | | |
|------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| Horizontal | | | |
| Unit Acre Size 640 | True Vertical Depth 10064 | Horizontal Component 5127 | ft. of Lateral 4710' |

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

| | | | | | |
|---------------------------------|----------------------------|----------------------------|--|-------------------------------|------------------|
| Choke sz 30/64" | Tubing sz 2 3/8" | Casing sz 5 1/2" | Gas Meter Type EFM | Size Run (A) 4.023' | Differential (A) |
| Size Plate (A,C) 2.5" | 24-H. Coeff (B,C) | | Pressure (lbs, H ₂ O, Hg) (B,C) | | |

over

RECEIVED

APR 10 2014

**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 |
| | | | | | | |
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| | | | | | | |
| 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.

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.