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Chapter 1 : Practice for the MCAT Exam

The diagnostic test at Next Step: Free one is half-length (20 passages long and 3 and 1/2-hour day) The diagnostic test falls at the very beginning of the prep.

This argument seems to make sense at first glance. After all, if the MCAT is 7. Simply put, the MCAT is an overwhelming exam. Think of the MCAT as an exercise in how well prepared you are to take this exam. When a new MCAT student signs up to work with me I have them take a full-length sample test right away. I need for the student to really and truly understand the undertaking that is the MCAT. And the same goes for you. You must know and understand what is coming,and the best way to understand is to sit through a full exam. You will use this baseline to map out your desired improvements and the exact path required to get you there. Take weeks of solid immersion into the material for a refresher and then take a test. Only a realistic full-exam will give you this experience and starting point. Some MCAT-prep companies will offer a half-exam. How can you possibly know what to expect if the exam is merely 4 hours long? The old MCAT was just over 4 hours long and trust me, this new test is a completely different experience. Test-prep companies are also notorious for making these diagnostic half-exams more difficult to scare you into quickly starting your preparation. So which exam to take? And so I advise my students as follows: Work through other company exams during the study process. For example, testing at 8am on a saturday? Take this test at 8am on the saturday 2 weeks prior. This gives you a solid week to reorient yourself to the AAMC style and review weak areas. This keeps your mind on the AAMC style for 2 weeks in a row and gives you a chance to brush up on any remaining weaknesses. Have you started your series studying yet? If so, have you taken a full length already? Why or why not?

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Chapter 2 : Free Online Cat Diagnostic Test Practice and Preparation Tests

The MCAT (Medical College Admission Test) is offered by the AAMC and is a required exam for admission to medical schools in the USA and Canada. /r/MCAT is a place for support, discussion, advice, social networking, news, study tips and more.

We all know that the MCAT is one of the biggest hurdles as a premed, and this podcast will give you the motivation and information that you need to know to help you get the score you deserve so you can call yourself a physician. Ryan Gray of the Medical School Headquarters. Last week we talked a little bit about what to do when starting to prepare for the MCAT. Are you having fun yet? Everyone has to take a diagnostic test. So yeah, I mean look, I used to work for one of those big companies and the dirty little secret known on the inside was that the initial assessment was intentionally made very difficult. We have a whole bunch of internal data about the reliability and validity of our diagnostic compared to AAMC Practice Test 1 scores, and we are very confident in asserting that our initial diagnostic is of a difficulty that very closely approximates the real AAMC, and that we have tweaked our scoring scale to make those little adjustments so that the score you get on our diagnostic would actually be fairly precisely predict how you would do on the official AAMC practice exam if you took that the next day. Timing a Diagnostic Test Dr. So you talked a little bit about there is some controversy on when to take it. I think as a premed student, my goal is always to maximize my test scores, right? Do you recommend that? Where do you see the diagnostic falling in coursework? And where the diagnostic falls is at the very beginning of the prep process. The amount of time you have to put into the MCAT is going to vary by orders of magnitude for some students. You want to think of the day you take the diagnostic test as the day you actually formally begin prepping for the exam. Alright, there you go, diagnostic tests. If you are, go over to Next Step Test Prep. Obviously they have a diagnostic that you can take and get prepared for the MCAT. So again, check that out, Next Step Test Prep, and go check it out. Alright if you have any questions for us, any topics you want us to cover, you can just email me. You can do that at www. So I hope you enjoyed the information today, and more than enjoyed it I hope it was useful for you to continue you on the journey to a successful MCAT score. It allows us to be able to share our information with more people than ever before. I am so incredibly thankful to those who have recently gone into our listing in iTunes to provide a five start rating and a written review of The MCAT Podcast. If you like the show, will you please take a moment to leave a comment on iTunes? This really helps us get the word out!

Chapter 3 : On NextStep Diagnostic(Half-Length). Good or bad? : Mcat

Test-prep companies are also notorious for making these diagnostic half-exams more difficult to scare you into quickly starting your preparation. Knocking down your morale when you're first starting out is a bad way to kickstart your long-term motivation.

Instead of sitting through one-size-fits-all prep, you can join the Channel episodes that target your greatest areas of opportunity, so you can gain more points in less time. How you study for the MCAT depends on your goals, preferred study style, schedule, and more. The best way to study for the MCAT is to find a method that works for you, make a plan, and stick with it. You may want to study in a traditional classroom, live online, on your own, or even with a tutor. Your MCAT study plan should include reviewing content, learning strategy, as well as realistic, full-length practice. Is the MCAT hard? The answer to "is the MCAT hard? The MCAT covers a lot of content, and asks you to use what you know in new or unfamiliar contexts. The length of the MCAT is also a test of your stamina. How long to study for MCAT? The average student will spend hours on their MCAT prep over several months. When to take the MCAT? There is an admissions advantage to submitting an early application. How many times can you take the MCAT? Voids and no-shows count toward your lifetime limits. Remember that you can only be registered for one seat at a time. The MCAT exam can be taken up to 3 times in a single testing year and up to 4 times in a 2 consecutive-year period. The MCAT exam can be taken up to 7 times in a lifetime. Only realistic practice makes perfect. For full eligibility requirements, visit kaptest.

Chapter 4 : MCAT Practice Exams | Altius

Free MCAT Half-Length Diagnostic Discussion in ' MCAT: Medical College Admissions Test ' started by Next Step Tutor, Jan 13, Previous Thread Next Thread.

Fracture half-lengths were slightly shorter in 2H, ranging from to feet, with the majority of the microseismic activity imaged to the east-northeast of the lateral. The pre-existing network in Well 2H likely affected the network generation in 1H, as substantiated by the pressure communication data. The fracture half-lengths in Well 1H were primarily symmetrical relative to the lateral, with the majority of microseismic data observed on the east side of the lateral. Fracture network widths ranged from to feet in 1H, nearly three to four times larger than the perforation intervals, indicating complex fracture systems may have been generated in these wells. The fracture network widths in 2H were smaller feet. It appears some of the perforation clusters in this well received minimal stimulation fluid, particularly during stages four and five. For the most part, the perforation intervals in Well 1H were stimulated, with the exception of stage four, which migrated up the well bore toward the planned stage five perforations. It should be noted that the perforation intervals in 2H were approximately 60 feet longer than in 1H during stages three through seven. Bottom-Hole Pressure Data The bottom-hole pressure gauges were positioned in the curve of the 2H well bore just above the horizontal section to record the pressure buildup in 2H and subsequently monitor the pressure response during the completion of Well 1H to determine if the fracture networks were communicating hydraulically. Data from the pressure gauges clearly indicate communication on six of seven stages. This communication was confirmed by the bottom-hole pressure increase in Well 2H during Well 1H fracturing treatment, as shown in Figure 5, which integrates the BHP pressure response chart with the microseismic plot. The microseismic activity shown in yellow correlates the timing of microseismic event overlap between the two wells with the BHP response in 2H. The color-coded circles, which are the same color as the individual stages in Well 1H stage one denoted in blue, stage two in red, stage three in green, stage four in purple, stage five in light blue, stage six in grey, and stage seven in pink , represent the area of microseismic data detected when BHP increased in 2H. The dotted arrows show the direction of microseismic events during communication. The pressure communication coincided with an overlap of microseismic activity, indicating that the events are very close to the actual hydraulic fractures providing the pressure communication. The first and second stages communicated roughly through the same area, approximately midway between the laterals and between the respective perforated intervals. Stage three communicated across from its perforations and also midway between the laterals. Stage five communicated across from its interval and overlapped with events from stage four. Figure 6 shows a composite plot of stages four through six, illustrating the correlation between microseismic activity and pressure communication. The red arrows, which show the preferential direction of communication between fracture networks, indicate that stages four to six are potentially communicating through conjugate fracture sets normal and parallel to the laterals , as illustrated by the red arrow originating from the stage six perforations and pointing backward to the previous stages. The largest pressure response was observed during stage five. This is likely because of the interaction with the pre-established network in stage four and repeated communication. The pressure response was smaller during stage six, which may indicate a larger pressure drop, since the perforated interval is located farther away from the point of communication. There was no pressure increase observed during stage seven, as confirmed by microseismic data. These results appear to indicate the presence of natural fracturing with conjugate azimuths, particularly in the mid-lateral section. The initial frac stages had minor indication of pressure communication with Well 2H, but this continued to intensify as the intervals in the middle of Well 1H were completed. The data indicate consistently increasing pressure communication from stages one through five during the stimulation of 1H, with an psi incremental increase during stage five, followed by a smaller increase in stage six and no increase in stage seven. The total pressure increase for all stages is psi. Nontoxic chemical tracers were used on all seven stages of Well 1H. Each frac stage was treated with a different chemical tracer. No tracers were used in the 2H treatment. In addition, 2H-produced water chlorides dropped from 86, to 44, parts per million, indicating a mixture with frac water. The chloride concentration returned to near previous concentrations in five days. The tracer communication into the 2H and the dilution of chlorides in the produced fluid of 2H provide independent confirmation of communication. To determine network overlap between the two wells, the total combined SRV for both wells was calculated within the Marcellus at cubic feet. From an SRV perspective, there is no significant overlap of the fracture networks created in each well at 1,foot spacing. However, this may be misleading since communication was clearly established, most likely through dominant, higher-conductivity hydraulic fractures. The SRVs calculated for the two treatment wells are small in comparison with wells in the Barnett Shale, where SRVs typically range from 1, to 3, cubic feet. Therefore, production results in these two Marcellus wells indicate substantially better shale flow capacity compared with a Barnett well that requires more SRV to achieve commercial production. A diagnostic fracture injection test was performed prior to stimulating stage one in Well 1H to estimate fracture closure pressure, pore pressure and permeability. Closure pressure minimum horizontal stress Shmin was estimated at 5, psi 0. Reservoir permeability was approximated at 0. The falloff indicates pressure dependent leak off PDL , which implies that the permeability estimate is an upper limit. The G-function analysis used to estimate fracture closure pressure indicated that fracturing net pressures could easily overcome the deviatoric stress to promote opening conjugate fracture sets, as potentially indicated by the well communication and microseismic data fracture network widths larger than perforated intervals. Production Data Although well communication during pumping operations is not uncommon in naturally fractured shales, it is important to evaluate whether these hydraulic connections remain open under drawdown and production conditions. Figure 7 shows the first eight months of gas flow rates and flowing tubing pressures for both wells. In March , Well 2H was shut in for a pressure buildup test. Cumulative gas production of the two wells was essentially equal after the first year. The production data clearly show communication between the two wells, which demonstrates that effective fracture half-lengths are at least feet from each well across some portions of the interwell area, corresponding with the created half-lengths measured with microseismic mapping. Pressure Buildup Analysis Two post-frac pressure buildup tests were performed in Well 2H, the first shortly after the fracture completion was cleaned up and a stable initial gas flow rate was established with a shut-in time of 26 days. The second pressure buildup test was conducted after the well had produced for five months with a shut-in time of 22 days. Figures 8A and 8B show the log-log diagnostic plots of the pressure buildup, as well as the well test model match and actual data. The buildup interpretations are ambiguous, raising questions about the interpretation when multiple stages in horizontal wells are commingled. The standard interpretation indicated a foot total effective fracture half-length for all seven stages combined with a high reservoir permeability of 0. This interpretation is not consistent with well communication data, reservoir permeability data, and the fracture lengths that should be achieved with seven stages of 8,barrel frac treatments. Consequently, an alternative solution was developed using a dual-porosity slab model and honoring the DFIT permeability of nD Figure 8A. The resulting total effective fracture half-length is 2, feet for all seven stages feet average per stage, assuming one equivalent fracture , which is more plausible, considering the well communication and microseismic data. However, the fracture conductivity yields a very high value of 1, mD-foot, which may not be realistic. Using lower conductivity numbers would have resulted in a significant deterioration of the buildup match. Reservoir pressures are realistic at slightly above 4, psi, which is consistent with the DFIT and other pressure estimates. This analysis indicates that natural fractures may play a significant role in this area. Figure 8B shows the log-log diagnostic plot and analysis match for the second post-frac buildup test in Well 2H, conducted five months later. The buildup derivative appears to show a quick transition to pseudo-radial flow, but this effect could be caused by communication with 1H, which was flowing during test. Well communication was clearly seen in the increased flow rates of 1H while 2H was shut in. The results indicate an improved fracture half-length of 3, feet feet average per stage , which may be the result of additional cleanup. Again, the very high fracture conductivity is most likely not a reliable number from this analysis. In conclusion, it appears that the buildup analyses do not provide a clear interpretation of stimulation effectiveness and reservoir quality. Without additional diagnostic data, ambiguous interpretations and wrong conclusions could be made, such as the interpretation of extremely short fracture half-lengths with unrealistically high reservoir permeability.

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Communication between wells is common in naturally fractured shales while pumping hydraulic fracture treatments, but in this case, the production data clearly show communication between the 1H and 2H wells under drawdown conditions. This demonstrates that effective fracture half-lengths have to be at least feet from each well across some portions of the interwell area, roughly corresponding with the created half-lengths measured with microseismic mapping. Reservoir simulation would be an avenue to explore these possible scenarios and predict ultimate gas recovery factors based on history matching actual production and forecasting well performance. This modeling then can be used to evaluate optimum well spacing. At this point, the roughly 1,foot well spacing may appear too close, since communication is pronounced and indicates substantially conductive fractures between the two wells. As this project underscores, upfront science and integrating different types of diagnostic data are critical for shortening the learning curve in shale play development and optimization. The views and opinions expressed in the article are strictly and solely those of the authors. They are not official statements of National Fuel Gas Company or any of its affiliates or subsidiaries, and no attempt should be made to attribute or otherwise relate these views to National Fuel Gas Company or any of its affiliates or subsidiaries. Barth joined Seneca Resources in after working as completions, reservoir, production and facility engineer for Chevron U. Barth holds a B. He joined Seneca Resources in as a senior engineer and was promoted to reservoir manager in He holds a B. He leads a team of engineers providing advanced fracture engineering solutions with special emphasis on unconventional shale and tight gas plays. His responsibilities include applying tiltmeter and microseismic hydraulic fracture mapping results for optimizing fracture completion, well placement and infill drilling strategies, designing and evaluating hydraulic fracturing treatments, reservoir engineering, and integrated field studies. Prior to joining Pinnacle in , he worked for Union Pacific Resources. Mayerhofer holds a Ph. He has worked in various roles at Halliburton for 30 years, including engineering, sales, management and marketing. Stegent has a vast amount of field experience involving implementing theory into practice in basins across North America and globally. With expertise in fracture evaluation, diagnostics and completion optimization, he has been working with the Pinnacle group for the past couple years in integrating frac mapping technologies with real-time onsite fracture decision making and frac design alteration. For other great articles about exploration, drilling, completions and production, subscribe.

Chapter 5 : Free MCAT Practice Tests and Events | The Princeton Review

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Chapter 6 : Best MCAT half-length diagnostic test : Mcat

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