

**KANSAS CORPORATION COMMISSION
MULTIPOINT BACK PRESSURE TEST**

FORM G-1
8-7-58

TYPE TEST: ☐ Initial ☐ Annual ☐ Special		TEST DATE: 12/27/2006	
COMPANY Castelli Exploration		LEASE Merrill Ranch	
		WELL NO. 1-34	
COUNTY Comanche	LOCATION NW NE	SECTION 34	TWP 31s
		RNG 16w	ACRES
FIELD Shimer	RESERVOIR Mississippi	PIPELINE CONNECTION Oneok	
COMPLETION DATE 12/07/05	PLUG BACK DEPTH 4938	PACKER SET AT	
	TOTAL DEPTH 4950		
CASING SIZE 4.500	WT. 10.500	ID 4949	SET AT 4877
		PERF. 4883	TO
TUBING SIZE 2.375	WT.	ID 4904	SET AT
		PERF.	TO
TYPE COMPLETION (Describe) New Well		TYPE FLUID PRODUCTION Gas	
PRODUCING THRU (Annulus/Tubing) annulus		RESERVOIR TEMPERATURE F 125	BAR PRESS - Pa 14.4 psia
GAS GRAVITY - Gg 0.613	% CARBON DIOXIDE 0.100	% NITROGEN 0.978	API GRAVITY OF LIQUID
VERTICAL DEPTH (H) 4877	TYPE METER CONN. flange		METER RUN SIZE 2.017
REMARKS			

OBSERVED SURFACE DATA

RATE NO.	ORIFICE SIZE in.	(METER) PRESSURE psig	DIFF. (h _w) (h _t)	FLOWING TEMP. t.	WELLHEAD TEMP. t.	CASING WELLHEAD PRESS.		TUBING WELLHEAD PRESS.		DURATION HOURS	LIQUID PROD. Bbls.
						psig	(P _w) (P _t) (P _c) psia	psig	(P _w) (P _t) (P _c) psia		
SHUT-IN						445	459			73.50	
1.	1.000	52.80	97.60	52	55	428	442				0.8
2.	1.000	58.90	222.00	49	55	410	424				0.8
3.	1.000	62.30	291.70	48	55	395	409				0.8
4.											

FLOW STREAM ATTRIBUTES

RATE NO.	COEFFICIENT (F _b) Mcfd	(METER) PRESSURE psia	EXTENSION $\sqrt{P_m \times H_w}$	GRAVITY FACTOR Fg	FLOWING TEMP FACTOR Ft	DEVIATION FACTOR Fpv	RATE OF FLOW Q Mcfd	GOR	G _m
1.	5.073	67.2	80.99	1.2772	1.0078	1.0058	531		0.613
2.	5.073	73.3	127.56	1.2772	1.0107	1.0065	840		0.613
3.	5.073	76.7	149.58	1.2772	1.0117	1.0068	987		0.613
4.									

PRESSURE CALCULATION

RATE NO.	Pt psia	Pc psia	Pw psia	(Pc) ² Thousands	(Pw) ² Thousands	PLOTING POINTS		% SHUT-IN 100 $\left[\frac{P_w - P_a}{P_c - P_a} \right]$
						(P _c) ² - (P _w) ² Thousands	Q Mcfd	
1.	442.4	459.4	445.2	211.0	198.2	12.9	531.9	96.8
2.	424.4	459.4	431.3	211.0	186.0	25.0	840.8	93.7
3.	409.4	459.4	419.1	211.0	175.6	35.4	987.2	90.9
4.								

INDICATED WELLHEAD OPEN FLOW

3090

Mcfd @ 14.65 psia

"n" = 0.626

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated herein and that said report is true and correct. Executed this the _____ day of _____, 20____

Witness (if any)

For Commission

Trilobite Testing Inc.
For Company
Jana Simpson
Checked by