

15-153-20814-00-00
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: _____

Company: THUNDERBOLT DRILLING INC. Lease: BASGALL Well No.: C-1

County: Rawlins Location: w2 SW NE Section: 30 Township: 1 Range: 31 Acres: _____

Field: _____ Reservoir: LKC Pipeline Connection: Koch

Completion Date: 3-15-98 Type Completion (Describe): _____ Plug Back T.D.: _____ Packer Set At: _____

Production Method: SPM 8 1/2 LS 34 Type Fluid Production: oil API Gravity of Liquid/Oil: 3990

Flowing (Pumping) Gas Lift _____

Casing Size: 4 1/2 Weight: _____ I.D.: _____ Set At: _____ Perforations: 32 To: _____

Tubing Size: 2 3/8 Weight: _____ I.D.: _____ Set At: _____ Perforations: 3956-60 To: _____

Pretest: _____

Starting Date: _____ Time: _____ Ending Date: _____ Time: _____ Duration Hrs.: _____

Test: _____

Starting Date: 6-24-98 Time: 10:50 AM Ending Date: 6-25-98 Time: 10:50 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing:	Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge			Net Prod. Bbls.	
	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	<u>250</u>	<u>248255</u>	<u>3</u>	<u>1 1/2</u>	<u>3</u>	<u>6 1/2</u>		<u>-0-</u>	<u>8</u>
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:		Static Pressure:			
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover In. Water	Tester Pressure In. Merc. Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

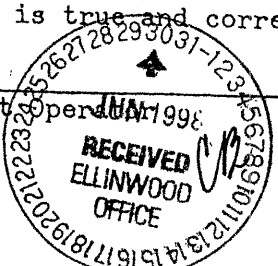
GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(Fb)	(Fp)	(OWTC)	$\sqrt{hw \times Pm}$				

Gas Prod. MCFD _____ Oil Prod. Bbls./Day: _____ Gas/Oil Ratio (GOR) = _____ Cubic Ft. per Bbl. _____

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 therein, and that said report is true and correct. Executed this the 25th day of June 19 98

Maurin Miller RECEIVED Tom Salter
 For State For Company



7-13-1998
 JUN 15 1998