

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-163-23053-00-00

FEB 1 1990

Form C-5 Revised

Conservation Division

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

Company Ritchie Exploration Inc. Lease Wyrill Well No. 1

County Rooks Location NE-NE-NE Section 19 Township 6 Range 20W Acres

Field Todd NE Reservoir Arbuckel-Marmaton L.K.C. Pipeline Connection

Completion Date May 1989 Type Completion (Describe) 3779 Plug Back T.D. 3799 Packer Set At

Production Method: (Pumping) Gas Lift Type Fluid Production oil API Gravity of Liquid/Oil 29 @ 60°

Flowing Casing Size 4 1/2 Weight I.D. Set At Perforations To 3798 Arb. 3737-41 Mar. 3718-21 KLC3699-96

Tubing Size 2 3/8 Weight I.D. Set At Perforations To 3767

Pretest: Starting Date Time Ending Date Time Duration Hrs.

Test: Starting Date 2-8-90 Time 12:40 P Ending Date 2-9-90 Time 12:40 P 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
1.67									
Pretest:									
Test:	200	170715	1	6	2	7		26	22
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	Tester Pressure	Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Gcoeff. MCFD	Meter-Prover	Extension	Gravity	Flowing Temp.	Deviation	Chart
(Fb)(Fp)(OWTC)	Press.(Psia)(Pm)	√hw x Pm	Factor (Fg)	Factor (Ft)	Factor (Fpv)	Factor (Fd)

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

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 _____ day of _____ 19

For Offset Operator [Signature] For State [Signature] For Company [Signature]

FEB 13 1990
 CONSERVATION DIVISION
 Wichita, Kansas