STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT 15-179-20542-00-01 R

Conservation Division — Form C-5 Revised

TYPE TEST: Initial Annual (Workover) Reclassification — TEST DATE: 9-15-94

Company	Lease	Well No.
RITCHIE EXPLORATION Inc	HARDESTY	1

County	Location	Section	Township	Range	Acres
SHERIDAN	N2 N2 NW	20	6	26 W	

Field	Reservoir	Pipeline Connection
HORTONVILLE	TORONTO & LKC	NCRA

Completion Date	Type Completion(Describe)	Plug Back T.D.	Packer Set At
7/15/94		3925	

Production Method: SPM 12 LS 36 — Type Fluid Production: OIL — API Gravity of Liquid/Oil: 36

Flowing (Pumping) Gas Lift

Casing Size	Weight	I.D.	Set At	Perforations	To
4 1/2			3980	3722½-25½, 3768-72, 3779½-81½	

Tubing Size	Weight	I.D.	Set At	Perforations	To
2 3/8			3910	3806-08, 3823-28, 3858-63, 3890-93	3907-11

Pretest: Starting Date ____ Time ____ Ending Date ____ Time ____ Duration Hrs. ____

Test: Starting Date 9-14-94 Time 12 noon Ending Date 9-15-94 Time 12 noon Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure — Separator Pressure — Choke Size

Casing: Tubing:

Bbls./In.	Tank Size	Tank Number	Starting Gauge Feet	Starting Gauge Inches	Starting Gauge Barrels	Ending Gauge Feet	Ending Gauge Inches	Ending Gauge Barrels	Net Prod. Bbls. Water	Net Prod. Bbls. Oil
Pretest:										
1.67/IN Test:	200	3410	1	1 1/2		1	5 3/4			7
Test:	200	H2O	1	7 3/4		3	7 1/4		39	

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

Gas Prod. MCFD Flow Rate (R): — Oil Prod. Bbls./Day: 7 — Gas/Oil Ratio (GOR) = ____ Cubic Ft./Bbl

RECEIVED STATE CORPORATION COMMISSION SEP 19 1994

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 15th day of September 1994

Marvin Miller — For State

Harry Strine — For Company

For Offset Operator