

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 1-12-95

Company: Russell Oil Company Lease: SIGLE TRUST Well No.: 1

County: OSBORNE Location: SE NW SW Section: 2 Township: 10 Range: 12W Acres: _____

Field: SIGLE NORTH Reservoir: LKC Pipeline Connection: FARMLAND

Completion Date: 8-2-94 Type Completion(Describe): _____ Plug Back T.D.: 3099 Packer Set At: _____

Production Method: SPM: 4 3/4 LS-44 Type Fluid Production API Gravity of Liquid/Oil: _____

Flowing: Pumping Gas Lift: _____ OIL _____ 35

Casing Size: 4 1/2 Weight: _____ I.D.: _____ Set At: 3399 Perforations: 3088-90 To: _____

Tubing Size: 2 3/8 Weight: _____ I.D.: _____ Set At: 3095 Perforations: _____ To: _____

Pretest: _____ Duration Hrs.: _____

Starting Date: _____ Time: _____ Ending Date: _____ Time: _____

Test: _____ Duration Hrs.: _____

Starting Date: 1-11-95 Time: 12:30 PM Ending Date: 1-12-95 Time: 12:30 PM 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:	200 D120	2 1 1/2	2 7 1/2	10			
1.67/in Test:	200 4096	1 4 1/2	1 4 3/4		1		
Test:	200 4097	8 4 1/2	9 6		23		

GAS PRODUCTION OBSERVED DATA

TOTAL 10 24

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	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)
Orifice Meter							
Critical Flow Prover							
Orifice Well Tester							

GAS FLOW RATE CALCULATIONS (R)

Coeff. 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. Bbls./Day: 24 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 12th day of JANUARY 1995

For Offset Operator: _____ For State: Martin Miller For Company: Geley Hollis