

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-193-20650-00-00

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 8-29-96

Company: Beito Oil Co. Inc. Lease: Cann Well No.: 1-5

County: Thomas Location: E2 NE NE Section: 5 Township: 9 Range: 31 Acres: _____

Field: _____ Reservoir: LKC Pipeline Connection: NCR

Completion Date: 7-4-96 Type Completion(Describe): _____ Plug Back T.D.: 4230 Packer Set At: _____

Production Method: 5PM 93/4LS 64 Type Fluid Production: oil API Gravity of Liquid/Oil: 38

Flowing Casing Size: 5 1/2 Weight: _____ I.D.: _____ Set At: _____ Perforations: 4068-72 To: _____

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

Pretest: _____ Duration Hrs.: _____

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

Test: _____ Duration Hrs.: _____

Starting Date: 8-28-96 Time: 11:30 AM Ending Date: 8-28-96 Time: 11:30 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:									
1.67/in									
Test:	200	6813	2	8 1/2	8	7		TRACE	118
Test:	200	6814	1	4	2	3			18

GAS PRODUCTION OBSERVED DATA TOTAL TRACE 136

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							34	
Critical Flow Prover							34	
Orifice Well Tester							34	

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(CWTC)	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 _____ 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 29th day of August 1996

For Offset Operator: _____ For State: Marvin Miller For Company: Randy Laderhugan