

15-179-20934-00-00

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

MAR 1 1989 Form C-5 Revised

Conservation Division
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 3-24-89
 Company: Landmark Oil Exp Inc Lease: Boone ~~348 8 96~~ Well No. #2-34
 County: Sheridan Location: 5/2-NE-5W Section: 34 Township: 8 Range: 26 W. Acres:
 Field: Reservoir: LKC Pipeline Connection: Central Crude (Farmland)
 Completion Date: Jan 5, 1989 Type Completion (Describe): Plug Back T.D. 3953 Packer Set At:
 Production Method: Pumping Type Fluid Production: Crude API Gravity of Liquid/Oil: 35.6 @ 50°
 Flowing Casing Size: 4 1/2 Weight: 10.5 I.D.: Set At: 2950 Perforations: 3746-44 To: 3724-28
 Tubing Size: 2 3/8 Weight: I.D.: Set At: 3940 Perforations: To:

Pretest: Starting Date: Time: Ending Date: Time: Duration Hrs.:
 Test: Starting Date: 3-24-89 Time: 8:00 Ending Date: 3-24-89 Time: 12:00 Duration Hrs.: 4

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									15.03
Pretest:									
Test:	200	174638	7	10 1/2	157.81	8	7 1/2	172.84	0 x 6
Test:									90.18

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 In. Water	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 (Fv)	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 _____ day of _____ 1989

For Offset Operator: _____ For State: *Gilbert Batthayon* For Company: *Mark Shipper*

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST
BARREL TEST

OPERATOR _____ LOCATION OF WELL _____
LEASE _____ OF SEC. _____ T _____ R _____
WELL NO. _____ COUNTY _____
FIELD _____ PRODUCING FORMATION _____
Date Taken _____ Date Effective _____
Well Depth _____ Top Prod. Form _____ Perfs _____
Casing: Size _____ Wt. _____ Depth _____ Acid _____
Tubing: Size _____ Depth of Perfs _____ Gravity _____
Pump: Type _____ Bore _____ Purchaser _____
Well Status _____
Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
Flowing _____ Swabbing _____ Pumping _____

STATUS BEFORE TEST:

PRODUCED _____ HOURS

SHUT IN _____ HOURS

DURATION OF TEST _____ HOURS _____ MINUTES _____ SECONDS

GAUGES: WATER _____ INCHES _____ PERCENTAGE

OIL _____ INCHES _____ PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) _____

WATER PRODUCTION RATE (BARRELS PER DAY) _____

OIL PRODUCTION RATE (BARRELS PER DAY) _____ PRODUCTIVITY

STROKES PER MINUTE _____

LENGTH OF STROKE _____ INCHES

REGULAR PRODUCING SCHEDULE _____ HOURS PER DAY.

COMMENTS _____

WITNESSES:

FOR STATE

FOR OPERATOR

FOR OFFSET