

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-179-20985-00-00R

Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 3-19-91

Company: Northern Lights Lease: Pratt B Well No.: 4

County: Sheridan Location: nw nw nw Section: 34 Township: 8 Range: 26 W Acres: [blank]

Field: [blank] Reservoir: LKC Pipeline Connection: Clean Creek

Completion Date: 2-15-91 Type Completion (Describe): [blank] Plug Back T.D.: 3965 Packer Set At: [blank]

Production Method: spm 12 LS 64 Type Fluid Production: oil API Gravity of Liquid/Oil: 40 @ 60°

Flowing (Pumping) Gas Lift: [blank] Casing Size: 5 1/2 Weight: [blank] I.D.: [blank] Set At: 3962 Perforations: 3900-05 To: 3868-70

Tubing Size: 2 7/8 Weight: [blank] I.D.: [blank] Set At: 3900 Perforations: 3845-49 To: 3797-3800

Pretest: [blank] Duration Hrs.: [blank]

Starting Date: [blank] Time: [blank] Ending Date: [blank] Time: [blank]

Test: [blank] Duration Hrs.: [blank]

Starting Date: 3-18-91 Time: 1:50pm Ending Date: 3-19-91 Time: 1:50pm 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	Feet	Inches	Water Oil
Test:	200 4868	1	0 1/2	4	4 1/2	67
Test:	200 4874	7	1	9	10	55
Test:	200 4867	1	1	9	5 1/2	168
	200 H2O	3				TOTAL - 12 290 total

Orifice Meter Connections

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)
Orifice Meter			
Critical Flow Prover			
Orifice Well Tester			

GAS FLOW RATE CALCULATIONS (R)

Coeff. (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)	Extension (Pm) / 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: 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 19 day of March 1991

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

RECEIVED
 MAR 22 1991
 3-22-1991
 CONSERVATION DIVISION
 Wichita, Kansas