

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised

TYPE TEST: Initial  Annual  Workover  Reclassification  TEST DATE: 12-11-87

Company: Langeville, Inc. Lease: Leakator A Well No.: 1

County: Butler Location: SW Section: 2 Township: 26 Range: 3-E Acres: 1

Field: STARECK Reservoir: MISSISSIPPI-OSAGE Pipeline Connection: TOTAL

Completion Date: 11-1-1987 Type Completion(Describe): Oil Plug Back T.D.:          Packer Set At:         

Production Method: Pumping  Gas Lift  Type Fluid Production: Oil + SW API Gravity of Liquid/Oil: 43

Casing Size: 4 1/2" Weight:          I.D.:          Set At: 2749' Perforations: 2708' To: 2710'

Tubing Size: 2 3/8" Weight:          I.D.:          Set At: 2721' Perforations:          To:         

Pretest: Starting Date          Time          Ending Date          Time          Duration Hrs.         

Test: Starting Date 12-10-87 Time 09:00 Ending Date 12-11-87 Time 09:00 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:									
Test:	200	97436	7	7 1/2	152.5	8	3	165	50 12.5
Test:									

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	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. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension $\sqrt{hw \times Pm}$	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD          Oil Prod. Bbls./Day: 12.5 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 12 day of 12 1987

For Offset Operator:          For State: Don Thompson For Company: Scott Biggs

Send copy to Operator WK