

STATE OF KANSAS - CORPORATION COMMISSION 15-051-24956-00-00  
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 4-25-97

Company: Hal C. Porter Lease: DALE Solomon Well No. 1

County: ELLIS Location: SE SW SW Section: 29 Township: 11 Range: 19 Acres: [blank]

Field: ARBUCKLE Reservoir: KOCH Pipeline Connection: [blank]

Completion Date: 4-19-97 Type Completion (Describe): [blank] Plug Back T.D.: TD-3722 PBD 3701 Packer Set At: [blank]

Production Method: 5PM 8 1/2 LS 64 Type Fluid Production API Gravity of Liquid/Oil: 26

Flowing (Pumping) Gas Lift: OIL Casing Size: 5 1/2 Weight: [blank] I.D.: [blank] Set At: 3719 Perforations: 3659-601 To: [blank]

Tubing Size: 2 7/8 Weight: [blank] I.D.: [blank] Set At: 3669 Perforations: [blank] To: [blank]

Pretest: Starting Date: [blank] Time: [blank] Ending Date: [blank] Time: [blank] Duration Hrs.: [blank]

Test: Starting Date: 4-24-97 Time: 11 AM Ending Date: 4-25-97 Time: 11 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size				
Casing:			Tubing:			Net Prod. Bbls.				
Bbls./In.	Tank Size	Number	Starting Gauge Feet	Inches	Barrels	Ending Gauge Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	2.00	245441	5	9 3/4		8	10 1/2		Trace	601
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range			Static Pressure:		
Pipe Taps:	Flange Taps:	Differential:	Meter-Prover-Tester Pressure			Diff. Press.	Gravity	Flowing
Measuring Device	Run-Prover-Tester Size	Orifice Size	In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD: [blank] Oil Prod. Bbls./Day: 61 Gas/Oil Ratio (GOR) = [blank] Cubic Ft. per Bbl.: [blank]

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 25 day of APRIL 1997

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