

15-109-20583-00-00
 STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

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Conservation Division

Form C-5 Revised

TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 8-17-95
 Company DUNNE OIL CO. Lease ANDERSON Well No. 1-6
 County LOGAN Location NE SE SE Section 10 Township 11 Range 32 W Acres
 Field U-PAC SOUTH Reservoir LKC-Johnson Pipeline Connection Koch
 Completion Date 8-23-95 Type Completion(Describe) TD-4727 Plug Back T.D. Packer Set At
 Production Method: SPM 8 1/2 LS 64 Type Fluid Production OIL API Gravity of Liquid/Oil 38
 Flowing (Pumping) Gas Lift
 Casing Size 8 5/8 Weight 20 I.D. 233 Set At 4310-110 Perforations To
 Tubing Size 5 1/2 Weight 4720 I.D. 4720 Set At 4603-11 Perforations To

Pretest: Starting Date 8-16-95 Time 1:05 PM Ending Date 8-17-95 Time 1:05 PM Duration Hrs. 24
 Test: Starting Date 8-16-95 Time 1:05 PM Ending Date 8-17-95 Time 1:05 PM Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size			
Casing:			Tubing:			Casing:			
Bbls./In.	Tank	Starting Gauge	Ending Gauge	Net Prod. Bbls.					
Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	200	234465	5	11 1/2	8	10 1/2		0	58
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range			Differential:			Static Pressure:		
Pipe Taps:	Flange Taps:	Orifice	Meter-Prover-Tester Pressure	Diff. Press.	Gravity	Flowing					
Device	Tester Size	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)

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. _____ Gas/Oil Ratio _____ Cubic Ft. per Bbl. _____
 Flow Rate (R): _____ Bbls./Day: _____ (GOR) = _____

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 17th day of AUGUST 1995

 For Offset Operator For State For Company