

STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST 15-109-20625-00-00
 BARREL TEST

OPERATOR Wass Oil Corporation LOCATION OF WELL SWSE NW
 LEASE Wasse Miller OF SEC. 24 T 11 R 34
 WELL NO. 2-24 COUNTY Logan
 FIELD Monument SW PRODUCING FORMATION LKC
 Date Taken 7-25-96 Date Effective _____
 Well Depth 4749 Top Prod. Form 4236-43 Perfs 4236-43 4255-62 4294-95
 Casing: Size 4 1/2 Wt. _____ Depth 4737 Acid _____
 Tubing: Size 2 3/8 Depth of Perfs _____ Gravity 37
 Pump: Type Insert Bore 2 x 1 1/2 x 12 Purchaser NCRA
 Well Status Pumping flowing, etc.

TEST DATA

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

STATUS BEFORE TEST:

PRODUCED 24 HOURS
 SHUT IN - HOURS

DURATION OF TEST 1 HOURS 1 MINUTES 25 SECONDS

GAUGES: WATER _____ INCHES 78 PERCENTAGE
 OIL _____ INCHES 22 PERCENTAGE

GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 23.51
 WATER PRODUCTION RATE (BARRELS PER DAY) 18.34
 OIL PRODUCTION RATE (BARRELS PER DAY) 5.17 PRODUCTIVITY
 STROKES PER MINUTE 6 1/2
 LENGTH OF STROKE 64 INCHES
 REGULAR PRODUCING SCHEDULE 24 HOURS PER DAY.

COMMENTS _____

KANSAS CORPORATION COMMISSION

AUG 01 1996

8-1-1996

CONSERVATION DIVISION
 WICHITA, KS

WITNESSES:

Martin Miller
 FOR STATE

Doug Branner
 FOR OPERATOR

FOR OFFSET

**STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT**

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: _____
 Company _____ Lease _____ Well No. _____

County _____ Location _____ Section _____ Township _____ Range _____ Acres _____

Field _____ Reservoir _____ Pipeline Connection _____

Completion Date _____ Type Completion(Describe) _____ Plug Back T.D. _____ Packer Set At _____

Production Method: _____ Type Fluid Production _____ API Gravity of Liquid/Oil _____

Flowing Pumping Gas Lift
 Casing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Tubing Size _____ Weight _____ I.D. _____ Set At _____ Perforations _____ To _____

Pretest: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____

Test: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____

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	Barrels	Water	Oil
Pretest:									
Test:									
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		Diff. Press.	Gravity	Flowing	
			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. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)
(OWTC)			√hw x Pm				

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 _____ 19____

For Offset Operator _____ For State _____ For Company _____
 Form C-5 (5/88)