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15-051-24585-00-00

STATE OF KANSAS - CORPORATION COMMISSION
PRODUCTION TEST & GOR REPORT

DEC 1 1989

Form C-5 Revised

Conservation Division

TEST DATE: 12-5-89
Annual Workover Reclassification Lease
TYPE TEST: (Initial)

Company: ALLEN Dribbling Co. NATIONAL Loan Co. Well No. 2-1

County: ELLIS Location: C nwnw Section: 1 Township: 12 Range: 16 Acres

Field: Reservoir: Mammotion Pipeline Connection: KOCH Oil Co.

Completion Date: Type Completion(Describe): Plug Back T.D. 3274 Packer Set At

Production Method: SPM-9 LS-54 Type Fluid Production: OIL API Gravity of Liquid/Oil: 32 @ 60

Flowing (Pumping) Gas Lift: Casing Size: 4 1/2 Weight: I.D.: Set At: 3313 Perforations: To: 3268

Tubing Size: 2 3/8 Weight: I.D.: Set At: 3264 Perforations: To: 3273

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

Test: Starting Date: 12-4-89 Time: 9:15 AM Ending Date: 12-5-89 Time: 9:15 AM Duration Hrs.: 24

OIL PRODUCTION OBSERVED DATA

Table with columns: Producing Wellhead Pressure, Separator Pressure, Choke Size, Casing, Tubing, Bbls./In., Tank, Starting Gauge, Ending Gauge, Net Prod. Bbls. (Water, Oil). Includes test data for 1-67/in. casing.

GAS PRODUCTION OBSERVED DATA

Table with columns: Orifice Meter Connections, Orifice Meter Range, Pipe Taps, Flange Taps, Differential, Static Pressure, Measuring Device, Run-Prover-Tester, Orifice Size, Meter-Prover-Tester Pressure, Diff. Press., Flowing Temp. Includes date stamp: 12-21-1989 DEC 21 1989.

GAS FLOW RATE CALCULATIONS (R)

Table with columns: Coeff. MCFD (Fb)(Fp)(OWTC), Meter-Prover Press.(Psia)(Pm), Extension sqrt(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 5th day of DECEMBER 19 89

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