STATE OF KANSAS - CORPORATION COMMISSION 15-033-20760-00

PRODUCTION TEST & GOR REPORT Conservation Division Form C-5 Revised TYPE TEST: Initial Annual 5-7-91 Workover Reclassification TEST DATE: Company Lease Well No. Roberts and Murphy Miller 1-34 County Location Section Township Acres Range Commanche 2134 34S 20W Field Reservoir Pipeline Connection Box Ranch Viola Enron Completion Date Type Completion(Describe) Plug Back T.D. 6500 Packer Set At 10-12-89 Gas-0il Production Method: Type Fluid Production API Gravity of Liquid/Oil Flowing XX Pumping Casing Size Gas Lift 011 42.5 @ 60 = 42.5Weight I.D. Set At Perforations To 4 1/2 10.5 4.052 6500 6228 - 6238 Tubing Size Weight I.D. Set At Perforations To 2 3/8 4.7 1.995 6238 Pretest: Duration Hrs. Starting Date 5-4-91 Time 10:00 a.m. Ending Date 5-6-91 Time 10:00 a.m. 48 Test: 5-6-91 Duration Hrs. Time 10:15 a.m. Starting Date Time 10:00 a.m. 5-7-91 Ending Date OIL PRODUCTION OBSERVED DATA Producing Wellhead Pressure Separator Pressure Choke Size Casing: 1938 Tubing: 769 262 8.5/64 Bbls./In. Tank Starting Gauge Ending Gauge Net Prod. Bbls. Size Number Feet Inches Barrels Feet Inches Barrels Water Oil 300 Pretest: 17045 2 3.34 10 2 1/4 204.16 -0-200.82 300 17046 Test: 3 5.01 11 232.13 -0-227.12 300 17047 Test: 2 1/2 4.18 10 210.42 -0-206.24 GAS PRODUCTION OBSERVED DATA Orifice Meter Connections Orifice Meter Range Pipe Taps: Flange Taps: Differential: 1000# Static Pressure: 100" Teasuring Run-Prover- 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 1eter 375 265 65 715 63° Critical Flow Prover)rifice Well Tester GAS FLOW RATE CALCULATIONS (R) beff. MCFD Meter-Prover Extension Gravity Flowing Temp. Deviation Chart Fb)(Fp)(OWIC) Press. (Psia) (Pm) | Vhw x Pm Factor (Fg) Factor (Ft) Factor (Fpv) Factor(Fd) 0.6848 279.4 134,6275 .9971 1.183 1.035 las Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft. 'low Rate (R): 113 Bbls./Day: 206.24 (GOR) =548 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____ 8th day of_ May 19 91 led Hoskinson HOSCO Operating, Inc. For Offset Operator For State For Company

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