

STATE OF KANSAS - CORPORATION COMMISSION 15-033-20760-00-00
 PRODUCTION TEST & GOR REPORT

Conservation Division Form C-5 Revised
 TYPE TEST: (Initial) Annual Workover Reclassification TEST DATE: 1-3-90
 Company Lease Well No.

County Location Section Township Range Acres
 Comanche 300 FSL 1800 FEE 34 34 20 W

Field Reservoir Pipeline Connection
 Viola Northern Ennon

Completion Date Type Completion (Describe) Plug Back T.D. Packer Set At
 1-9-89 Single 6403 None

Production Method: Type Fluid Production API Gravity of Liquid/Oil
 Flowing Pumping Gas Lift Oil 54.2 @ 42°

Casing Size	Weight	I.D.	Set At	Perforations	To
4 1/2	10.5		6476	6228	78
Tubing Size	Weight	I.D.	Set At	Perforations	To
2 3/8	4.7		6279		

Pretest: Starting Date Time Ending Date Time Duration Hrs.
 Test: Starting Date 1-3-90 Time 10:00 p Ending Date 1-4-90 Time 10:00 p Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure				Separator Pressure				Choke Size			
Casing: 2030				Tubing: 1950				310 psig		8.5/64+16	
Bbls./In.	Tank		Starting Gauge			Ending Gauge			Net Prod. Bbls.		
1.67	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil	
Pretest:											
Test:	300	17074	3	8	73.48	4	5	88.51	0	15	
Test:											

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections				Orifice Meter Range			
Pipe Taps:		Flange Taps: X		Differential: 150		Static Pressure: 500	
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure		Diff. Press.	Gravity	Flowing
Orifice Meter	3	1.00	In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg) Temp. (t)
Critical Flow Prover					163.92	98.5	62
Orifice Well Tester							01-05-90

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD Oil Prod. Gas/Oil Ratio Cubic Ft.
 Flow Rate (R): 771 Bbls./Day: 15 (GOR) = 51400 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 4th day of January 1990

For Offset Operator For State For Company
 # Well should be classified as a gas well
 Richard W. Lacy
 Form C-5 (5/88)