STATE OF KANSAS - CORPORATION COMMISSION 15-033-20760-00-00 PRODUCTION TEST & GOR REPORT Conservation Division Form C-5 Revised TYPE TEST: Initial 5-7-91 Annual Workover Reclassification TEST DATE: Company Well No. Lease Roberts and Murphy Miller 1 - 34County Location Section Township Range Acres Commanche 2734 **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-Oil Production Method: Type Fluid Production API Gravity of Liquid/Oil Flowing XX Pumping Casing Size Gas Lift Oil 42.5 @ 60 = 42.5Weight I.D. Set At Perforations To 4 1/2 10.5 4.052 6500 6228 - 6238Tubing 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: Duration Hrs. 5-6-91 Starting Date Time 10:15 a.m. 5-7-91 10:00 a.m. Ending Date Time 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 Inches Barrels Feet Inches Barrels Water Oil 300 17045 2 Pretest: 3.34 10 2 1/4 204.16 -0-200.82 300 17046 3 fest: 5.01 11 232.13 -0-227.12 300 17047 dest: 2 1/2 4.18 10 6 210.42 -0-206.24 GAS PRODUCTION OBSERVED DATA rifice Meter Connections Orifice Meter Range ipe Taps: Flange Taps: XX Differential: 1000# Static Pressure: 100" leasuring Run-Prover- Orifice Meter-Prover-Tester Pressure Diff. Press. Gravity Flowing evice Tester Size Size In.Water In.Merc. Psig or (Pd) (hw) or (hd) Gas (Gg) Temp. (t) rifice feter 375 265 65 63° 715 ritical low Prover rifice /ell Tester GAS FLOW RATE CALCULATIONS (R) beff. MCFD Meter-Prover Extension Gravity Flowing Temp. Deviation Chart Fb)(Fp)(OWTC)Press.(Psia)(Pm) Vhw x Pm Factor (Fg) Factor (Ft) Factor (Fpv) Factor(Fd) 0.6848 279.4 134.6275 183 9971 1.035 as Prod. MCFD Oil Prod.

low Rate (R): 113

Bbls./Day: 206.24

Cas/Oil Ratio

Cubic Ft.

Company, states that he is duly authorized

make the above report and that he has knowledge of the facts stated therein, and that aid report is true and correct. Executed this the Sth day of May 19 91

For State

For Offset Operator

/ HOSCO Operating, I

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RECEIVED
STATE CORPORATION COMMISSION

MAY 1 3 1991