

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

15-171-20479-0000

Form C-3 Rev.

Conservation Division

TYPE TEST:  Initial  Annual  Workover  Reclassification TEST DATE:

Company **Wabash Energy Corporation** Lease **Hoeme** Well No. **#1**

County **Scott** Location **2200' FSL 2100' FEL** Section **31** Township **17S** Range (E/W) **31** Acres **160**

API Well Number **15-171-20479-00-00** Reservoir(s) **Cherokee** Gas Pipeline Connection **No**

Completion Date **7-13-95** Type of Completion (Describe) **Cased Hole & Acidize** Plug Back I.D. **4593'** Packer Set At **None**

Lifting Method: **Pumping** Type Liquid **Oil & Salt Water** API Gravity of Liquid/Oil

Casing Size **5 1/2"** Weight **14#** I.D. **5"** Set At **4661.83** Perforations **4551** To **4554**

Tubing Size **2 3/8"** Weight **4.7#** I.D. **2"** Set At **4581'** Perforations To

Pretest Starting Date **10-21-97** Time **8:50 AM** Ending Date **10-22-97** Time **8:50 AM** 24 Hrs.

**OIL PRODUCTION OBSERVED DATA**

Hbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest										
Test	200	28528	4'	1 1/2"	82.66	4'	3"	85.17	0	2.51
Test										

**GAS PRODUCTION OBSERVED DATA**

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h <sub>2</sub> ) or (h <sub>1</sub> )	Gas Gravity (G <sub>g</sub> )	Flowing Temp. (F)
			In. Water	In. Merc.	Feet or (P <sub>2</sub> )	%CO <sub>2</sub>	H <sub>2</sub> S ppm			
Orifice Meter										
Critical Flow Prover										
MERLA Well Tester										

**GAS FLOW RATE CALCULATIONS (R)**

Coeff. MCFD (F <sub>1</sub> )(F <sub>2</sub> )	Meter-Prover Press. (P <sub>1</sub> )(P <sub>2</sub> )	Press. Extension $\sqrt{h \cdot P_1}$	Gravity Factor (F <sub>3</sub> )	Flowing Temp. Factor (F <sub>4</sub> )	Deviation Factor (F <sub>5</sub> )	Seq. Rt. Chart Factor (F <sub>6</sub> )
Gas Prod. MCFD Flow Rate (R):						
		Oil Prod. Bbls./Day: <b>2.51</b>		Gas/Oil Ratio (GOR) =		Cubic Feet 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 22 day of Oct 19 97

*Kevin D. Strick* For Operator  
*K. K.* For Commission  
 For Company (Rev. 10/96)