STATE OF KANSAS - CORPORATION COMMISSION PRODUCTION TEST & GOR REPORT 15-101-21699-0 Form C-5 Revised Conservation Division DATE: 6-28-29-95 Workover Reclassification TYPE TEST: (Initial Annual Lease Well No. Company ARUM Roberts Location Section Township Range Acres County ane Reservoi Pipeline Connection Field Type Completion Plug Back Completion Date Sindle 1/01e Fluid Production API Gravity of Liquid/Oil Production Method: Type O. Lowater Gas Lift Flowing Set At Perforations I.D. 41/2 434 4218 4200 1015 I.D. Set At Tubing Size Weight 4345 Duration Hrs. Pretest: Time Ending Date Time Starting Date Duration Hrs. Test: Ending Date 629-9 Starting Date 6-28-95 4.00 Time 9:00 Time OIL PRODUCTION OBSERVED DATA Separator Pressure Choke Size Producing Wellhead Pressure Tubing: Casing: Starting Gauge Ending Gauge Net Prod. Bbls. Bbls./In. Tank Feet Inches Barrels Feet Inches Barrels Water 011 Size Number 1.61 Pretest: 2/2 44.26 4948 35 No 14.19 b 250 Test: Test: GAS PRODUCTION OBSERVED DATA Orifice Meter Connections Orifice Meter Range Static Pressure: Flange Taps: Differential: Pipe Taps: Run-Prover- Orifice Meter-Prover-Tester Pressure Diff. Press. Gravity Flowing Measuring In. Water In Merc. Psig or (Pd) (hw) or (hd) Gas (Gg) Temp. (t) Tester Size Size Device Orifice Meter Critical Flow Prover Orifice Well Tester GAS FLOW RATE CALCULATIONS Coeff. MCFD Meter-Prover Extension Flowing Temp. Gravity Deviation Chart Factor (Fg) Factor (Ft) (Fb)(Fp)(OWTC) Press.(Psia)(Pm) V hw x Pm Factor (Fpv) Factor(Fd) Gas Prod. MCFD Gas/Oil Ratio Cubic Ft. Oil Prod. (GOR) =Flow Rate (R): Bbls./Day: 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 19 95 said report is true and correct. Executed this the afh day of For Offset Operator For Company For State