

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-101-21671-0001

Conservation Division Form C-5 Revised
 TYPE TEST: Initial / Annual / (Workover) Reclassification TEST DATE: 9-1-2-94
 Company Heller Delg. Lease USA Heller Well No. 1
 County Lane Location W/2 SW Section 5 Township 16 Range 27 Acres
 Field Wildcat Reservoir Fort Scott Pipeline Connection Test 960
 Completion Date _____ Type Completion(Describe) O.C. Single Plug Back T.D. 4395 Packer Set At _____
 Production Method: _____ Type Fluid Production _____ API Gravity of Liquid/Oil _____
 Flowing (Pumping) Gas Lift _____ 0.28 L/W _____ 40°
 Casing Size 4 1/2" Weight 10.5 I.D. _____ Set At 4440 Perforations 4102 To 4106
 Tubing Size 2 3/8" Weight 4.7 I.D. _____ Set At 4365 Perforations _____ To Open ended
 Pretest: _____ Duration Hrs. _____
 Starting Date _____ Time _____ Ending Date _____ Time _____
 Test: _____ Duration Hrs. _____
 Starting Date 9-1-94 Time 11:00 Ending Date 9-2-94 Time 11:00 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure				Choke Size			
Casing:			Tubing:							
Bbls./In.	Tank		Starting Gauge		Ending Gauge			Net Prod. Bbls.		
<u>1/67</u>	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test:	<u>206</u>	<u>7738</u>	<u>4</u>	<u>9.5</u>	<u>96.025</u>	<u>17</u>	<u>1/2"</u>	<u>141.12</u>	<u>6.7</u>	<u>45.09</u>
Test:										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure		Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

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

Gas Prod. MCFD _____ Oil Prod. _____ Gas/Oil Ratio _____ Cubic Ft. _____
 Flow Rate (R): _____ Bbls./Day: _____ (GOR) = _____ 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 2nd day of Sept 1994

 For Offset Operator For State For Company