

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

15-171-20573-0000

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: Form C-5 Rev.

Company Wabash Energy Coop. Lease Dearden Well No. 1

County Scott Location 7 N of C-1/2-SW-NW Section 7 Township 18 Range (E/W) 31 W Acres

API Well Number 15-171-20573-0000 Reservoir(s) Cherokee Gas Pipeline Connection

Completion Date 1-22-03 Type of Completion (Describe) Single Plug Back T.D. Packer Set At

Lifting Method: Pumping Gas Lift ESP Type Liquid Oil + Water. API Gravity of Liquid/Oil

Casing Size 5 1/2 Weight LD. Sct At 4599 Perforations 4547 To 4551

Tubing Size 2 3/8 Weight LD. Sct At 4557 Perforations 4558 To 4561

Pretest: Starting Date Time AM/PM Ending Date Time AM/PM

Test: Starting Date 9-2-03 Time 2:00 AM/PM Ending Date 9-3-03 Time 2:00 AM/PM

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure Casing: Psig Tubing: Psig Separator Pressure Psig Choke Size

Bbls./In.	Stock Tank		Starting Gauge			Ending Gauge			Net API Bbls.	
	Size	Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:										
Test	<u>200</u>	<u>3539</u>	<u>6</u>	<u>3</u>	<u>125.25</u>	<u>7</u>	<u>8</u>	<u>153.64</u>	<u>6.61</u>	<u>28.39</u>
Test										

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections (Yes/No) Pipe Taps: Flange Taps: Orifice Meter Range Differential: Static Pressure:

Type Measuring Device	Entry Size	Orifice Size	Meter-Prover-Tester Pressure					Diff. Press. (h _w) or (h _d)	Gas Gravity (G _p)	Flowing Temp. (t)
			In. Water	In. Merc.	Psig or (P _d)	%CO ₂	H ₂ Sppm			
Orifice Meter										
Critical Flow Prover										
MERLA Well Tester										

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (F _d) (F _p)	Meter-Prover Prcas. (P _{ria})(P _m)	Press. Extension $\sqrt{h_w \cdot P_m}$	Gravity Factor (F _g)	Flowing Temp. Factor (F _t)	Deviation Factor (F _p)	Sqr. Rt. Chart Factor (F _d)

Gas Prod. MCFD Flow Rate (R): Oil Prod. Bbls/Day: 28.39 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 3rd day of September 2003

For Offact Operator

For Commission

RECEIVED

For Company

SEP 15 2003

KCC WICHITA

(Rev. 10/96)